TITLE V BLOCK GRANT APPLICATION FORMS (2-21) STATE: RI

APPLICATION YEAR: 2011

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	RM 2	
	and 505(a)(3)(4)]	
Stat	re: RI	
1. FEDERAL ALLOCATION (Item 15a of the Application Face Sheet [SF 424]) Of the Federal Allocation (1 above), the amount earmarked for:		\$ 1,770,159
A.Preventive and primary care for children:		
\$ 589,943 (33.33 %)		
B.Children with special health care needs:		
\$ 646,975 (36.55%) (If either A or B is less than 30%, a waiver request must accompany the app	olication)[Sec. 505(a)(3)]	
C.Title V admininstrative costs:		
\$ 104,562 (5.91%) (The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$ 1,093,295
3. STATE MCH FUNDS (Item 15c of the SF 424)		\$ 2,274,575
4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$ 0
5. OTHER FUNDS (Item 15e of SF 424)		\$ 2,191,258
6. PROGRAM INCOME (Item 15f of SF 424)		\$ 16,862,654
7. TOTAL STATE MATCH (Lines 3 through 6) (Below is your State's FY 1989 Maintainence of Effort Amount) \$ 1,875,000		\$ 21,328,487
8. FEDERAL-STATE TITLE V BLOCK GRANT PA	ARTNERSHIP (SUBTOTAL)	\$ 24,191,941
(Total lines 1 through 6. Same as line 15g of SF 424)		
9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the	Title V program)	
a. SPRANS:	\$0	
b. SSDI:	\$ 238,767	
c. CISS:	\$ 145,405	
d. Abstinence Education:	\$0	
e. Healthy Start:	\$	
f. EMSC:	\$0	
g. WIC:	\$ 6,622,726	
h. AIDS:	\$ 9,314,759	
i. CDC:	\$ 17,523,004	
j. Education:	\$ 56,145	
k. Other:	*	
<u>EPA</u>	\$ 495,370	
Federal Medicaid	\$ 1,779,693	
HRSA	\$3,127,306	
Other (OSHA,NESHAP)	\$2,077,242	
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under ite	nm 9)	\$ 41,451,278
11. STATE MCH BUDGET TOTAL (Partnership subtotal + Other Federal MCH Funds subtotal)		\$ 65,643,219

None

FIELD LEVEL NOTES

 Section Number: Form2_Main Field Name: FedAlloc_Admin

Row Name: Federal Allocation - Title V Administrative costs

Column Name: Year: 2011 Field Note:

The amount shown (5.9%) represents the percentage of the "11 award budgeted for administrative costs. Administrative costs reflect personnel functions related to contracting, purchasing, payroll, travel and administrative support, fiscal mangement and operations.

 Section Number: Form2_Main Field Name: UnobligatedBalance Row Name: Unobligated Balance

Column Name: Year: 2011 Field Note:

Estimated carry-over (unobligated) 10 funding

3. Section Number: Form2_Main Field Name: StateMCHFunds Row Name: State MCH Funds

Column Name: Year: 2011 Field Note:

Includes state account funds minus Medicaid matching funds, but includes newborn screening restricted account funding.

The following state accounts totaling \$2,274,575 based on the SFY11 budget as of July 2010.

MATERNAL & CHILD HEALTH \$166,485

ASSOC DIRECTOR \$89,985

CHILDREN WITH SPECIAL HEALTH CARE NEEDS \$52,917

NEWBORN SCREENING PROGRAM \$1,915,188

FAMILY PLANNING \$50,000

4. Section Number: Form2_Main Field Name: OtherFunds Row Name: Other Funds

Column Name: Year: 2011 Field Note:

The following state accounts for the Other category totaling \$2,191,258 is based on the SFY11 budget as of July 2010.

MINORITY HEALTH PROGRAM \$493,547 OCCUPATIONAL HEALTH - LEAD \$31,729 HEALTH RISK ASSESSMENT \$246,247

OCCUPATIONAL AND RADIOLOGICAL HEALTH \$244,684 CHRONIC DISEASE (CANCER REGISTRY) \$149,064

HEART DISEASE & STROKE \$60,000 STATE TOBACCO CONTROL \$682,845 SMOKING CESSATION \$52,250 HIV TREATMENT \$230,892

5. Section Number: Form2_Main Field Name: ProgramIncome Row Name: Program Income

Column Name: Year: 2011 Field Note:

Program income - the restricted accounts with private funds from insurance reimbursement. Does not include newborn screening restricted account which is general revenue funding and was included as part of the state funding category.

ALF-TOBACCO \$6,000

INFANT - CHILD IMMUNIZATION \$13,139,115 ADULT IMMUNIZATIONS \$3,717,539

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: RI

	FY 2	2006	FY:	2007	FY 2	2008
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$1,768,713	\$1,572,786	\$1,860,000	\$2,036,820	\$1,860,000	\$1,490,278
2. Unobligated Balance (Line2, Form 2)	\$ 290,150	\$ 618,600	\$250,000	\$ 458,166	\$200,000	\$ 688,571
3. State Funds (Line3, Form 2)	\$ 3,001,829	\$ 2,594,550	\$ 3,961,639	\$ 2,929,653	\$ 3,676,035	\$ 2,040,471
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$0	\$0	\$5,217,395
6. Program Income (Line6, Form 2)	\$5,685,269	\$5,131,267	\$6,875,852	\$6,862,779	\$18,186,461	\$9,132,248
7. Subtotal	\$ 10,745,961	\$ 9,917,203	\$12,947,491	\$ 12,287,418	\$\$23,922,496	\$ 18,568,963
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	NERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$ 27,955,087	\$ 26,768,821	\$ 26,507,197	\$ 27,957,936	\$ 26,566,186	\$ 61,363,046
9. Total (Line11, Form 2)	\$38,701,048	\$36,686,024	\$39,454,688	\$ 40,245,354	\$50,488,682	\$ 79,932,009
			(STATE MCH B	UDGET TOTAL)		

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: RI

	FY 2	2009	FY 2	2010	FY 2	2011
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$1,860,000	\$553,626	\$1,860,000	\$	\$1,770,159	\$
2. Unobligated Balance (Line2, Form 2)	\$	\$ 688,571	\$ 614,421	\$	\$1,093,295	\$
3. State Funds (Line3, Form 2)	\$ 1,784,133	\$ 1,921,961	\$ 2,291,092	\$	\$ 2,274,575	\$
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$	\$0	\$
5. Other Funds (Line5, Form 2)	\$ 4,985,383	\$ 4,784,194	\$ 4,461,199	\$	\$ 2,191,258	\$
6. Program Income (Line6, Form 2)	\$16,896,062	\$ 12,909,449	\$ 16,926,370	\$	\$ 16,862,654	\$
7. Subtotal	\$ 25,996,681	\$ 20,857,801	\$ 26,153,082	\$0	\$ 24,191,941	\$0
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$48,221,512	\$59,000,367	\$ 53,953,316	\$	\$41,451,278	\$
9. Total (Line11, Form 2)	\$74,218,193	\$	\$80,106,398	\$0	\$ 65,643,219	\$0
			(STATE MCH B	UDGET TOTAL)		

None

FIELD LEVEL NOTES

 Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2009 Field Note:

The allocation amount shown in the Expended Column of \$553,627 represents the difference between the total funds expended (\$1,242,197) and the amount of carry-forward funds available; "older" federal funds are expended before new allocations.

2. Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2008 Field Note:

Title V "08 grant expenditures.

3. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance Column Name: Expended

Year: 2009 Field Note:

The final Unobligated Balance Expended in 2009 is more than 10% of the original budget estimate. The reason for the descrepancy is that there were delays in spending due to a vacant position that was expected to be filled, delays in contract spending due to the state's procurement system and other federal funds that offset the Title V MCH RICK grapt

4. Section Number: Form3_Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance Column Name: Expended

Year: 2008 Field Note:

Revised Carry-forward from "08 grant period (June 2010)

5. Section Number: Form3_Main

Field Name: StateMCHFundsExpended Row Name: State Funds

Column Name: Expended

Year: 2008 Field Note:

Includes state budget cuts and state expenditures from the former Division of Family Health.

 Section Number: Form3_Main Field Name: OtherFundsExpended Row Name: Other Funds Column Name: Expended

Year: 2008 Field Note:

Includes state expenditures from the former Division of Community, Health and Equity. State expenditures including Tobacco, HIV, Minority Health, Health Homes & Environment accounts, etc

7. Section Number: Form3_Main Field Name: ProgramIncomeExpended

Row Name: Program Income Column Name: Expended

Year: 2009 Field Note:

FY 2009 Program Income expended differs from budgeted amount by more than 10% due to a decrease in spending of the restricted receipt Infant, Child and Adult Immunization expenditures. However, the newborn funding was included in the budget as state funded and in FY 09 the fudns were transferred to a restricted receipt account and included as program income for FY09 expended.

8. Section Number: Form3_Main Field Name: ProgramIncomeExpended Row Name: Program Income Column Name: Expended

Year: 2008 Field Note:

Represents a decrease in income from adult and child immunization restricted accounts from insurance payments and includes program income for the National Council of Aging (\$21,974).

Section Number: Form3_Main
 Field Name: OtherFedFundsExpended
 Row Name: Other Federal Funds
 Column Name: Expended

Year: 2009 Field Note:

FY 2009 Other Federal Funds expended differs from budgeted amount by more than 10% due to the Immunization Federal Account which includes for the first time, free vaccines received from the federal government, but is outside the state's purchasing system. Recommendation was provided by an audit finding to document the amount of free vaccine. Total FY09 expended amount for Immunization federal account including vaccines is \$13,309,947.00

10. Section Number: Form3_Main Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended

Year: 2008

Field Note:

Includes all federal accounts under Community, Family Health & Equity. (outcome of merger between the Division of Family Health and the Division of Community, Health & Equity)

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BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: RI

		FY 2	2006			FY 2	200)7		FY 2008		
I. Federal-State MCH Block Grant Partnership	But	OGETED	EXF	PENDED	Βυ	IDGETED	E	XPENDED	Βυ	DGETED	Ex	PENDED
a. Pregnant Women	\$	990,052	\$	970,817	\$	1,071,062	\$_	653,125	\$	1,897,701	\$	721,110
b. Infants < 1 year old	\$	2,866,049	\$	2,807,823	\$	4,003,778	\$_	2,172,603	\$	6,063,186	\$	2,101,745
c. Children 1 to 22 years old	\$	4,191,032	\$	3,846,356	\$	5,219,123	\$_	6,885,949	\$	8,615,818	\$	7,260,064
d. Children with Special Healthcare Needs	\$	2,528,303	\$	2,031,882	\$	2,515,602	\$_	2,205,451	\$	3,402,086	\$_	2,175,650
e. Others	\$	49,196	\$	24,436	\$	70,400	\$_	196,430	\$	3,727,413	\$_	5,900,251
f. Administration	\$	121,329	\$	235,889	\$	67,526	\$_	173,860	\$	216,292	\$_	515,691
g. SUBTOTAL	\$	10,745,961	\$	9,917,203	\$	12,947,491	\$_	12,287,418	\$	23,922,496	\$	18,674,511
II. Other Federal Funds (under the c	ontro	I of the person re	espo	nsible for admini	stra	tion of the Title V	pro	gram).				
a. SPRANS	\$	286,322			\$	0		-	\$	0		
b. SSDI	\$	64,286			\$	99,810			\$	100,000		
c. CISS	\$	0			\$	0			\$	0		
d. Abstinence Education	\$	209,131			\$	165,277			\$	70,425		
e. Healthy Start	\$	19,679,256			\$	0			\$	0		
f. EMSC	\$	0			\$	0			\$	0		
g. WIC	\$	0			\$	19,604,165			\$	19,702,811		
h. AIDS	\$	0			\$	0			\$	0		
i. CDC	\$	4,308,969			\$	4,115,844			\$	4,176,414		
j. Education	\$	0			\$	0			\$	0		
k.Other												
HRSA	\$	0			\$	0			\$	1,663,978		
Medicaid match	\$	0			\$	0			\$	852,558		
HSRA	\$	980,243			\$_	375,000			\$	0		
Medicaid	\$	0			\$	1,065,418			\$	0		
Title x	\$	0			\$	1,081,683			\$	0		
Medicaid Match	\$	1,246,044			\$	0			\$	0		
TITLE X	\$	1,180,836			\$	0			\$	0		
III. SUBTOTAL	\$	27,955,087			\$	26,507,197			\$	26,566,186		

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: RI

	FY 2009		FY 2	2010	FY 2011		
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
a. Pregnant Women	\$1,148,892	\$591,739	\$ 600,836	\$	\$800,566	\$	
b. Infants < 1 year old	\$2,302,639	\$2,373,238	\$	\$	\$2,856,696	\$	
c. Children 1 to 22 years old	\$ 13,065,815	\$9,626,542	\$1,867,664	\$	\$12,224,472	\$	
d. Children with Special Healthcare Needs	\$3,120,267	\$1,938,435	\$	\$	\$	\$ <u></u>	
e. Others	\$5,915,968	\$5,963,237	\$17,834,418	\$	\$5,483,282	\$	
f. Administration	\$ 443,100	\$ 364,610	\$ 324,305	\$	\$\$	\$	
g. SUBTOTAL	\$25,996,681	\$20,857,801	\$26,153,082	\$0	\$24,191,941	\$0	
II. Other Federal Funds (under the o	control of the person r	esponsible for admini	stration of the Title V	program).			
a. SPRANS	\$0		\$0		\$0		
b. SSDI	\$ 110,926		\$ 191,949		\$ 238,767		
c. CISS	\$ 151,509		\$ 151,291		\$ 145,405		
d. Abstinence Education	\$0]	\$0		\$0		
e. Healthy Start	\$52,687_]	\$61,324		\$ 70,861		
f. EMSC	\$0]	\$0		\$0		
g. WIC	\$ 24,021,092]	\$25,741,608		\$ 6,622,726		
h. AIDS	\$ 7,575,030]	\$		\$ 9,314,759		
. CDC	\$ 13,025,190		\$14,947,290		\$ 17,523,004		
. Education	\$ 187,232		\$56,145		\$ 56,145		
k.Other]	1		I			
EPA	\$ 293,337] 1	\$ 524,978		\$ 495,370		
Federal Medicaid	\$ 0] 1	\$0		\$ 1,779,693		
HRSA	\$ 675,416] 1	\$ 2,083,617		\$ 3,127,306		
Other (OSHA,NESHAP)	\$0] 1	\$0		\$ 2,077,242		
Federal Medicaid	\$0] 1	\$ 890,620		\$ 0		
Other (OSHA, NESHAP)	\$ 562,637] 1	\$ 1,326,207		\$0		
federal medicaid	\$ 1,566,456] 1	\$0		\$ 0		
III. SUBTOTAL	\$ 48,221,512		\$ 53,953,316		\$ 41,451,278		

None

FIELD LEVEL NOTES

1. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to a shift in state partnership funding for pregnant women.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2008 Field Note:

Decrease in expenditures for pregnant women compared to "08 budget.

3. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended

Year: 2008 Field Note:

State budget reductions and reduced program income for child immunizations compared to "08 budget.

4. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to a shift in state partnership funding for children 1 to 22 years old.

5. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2008 Field Note:

State budget cuts for state funded programs including immunization, farmer's market and Kidsnet.

6. Section Number: Form4 I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to a shift in state partnership funding to other federal accounts that are not part of the state partnership funding.

7. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2008 Field Note:

State budget cuts for state funded programs including immunization, farmer's market and Kidsnet.

8. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended Row Name: All Others Column Name: Expended

Year: 2008

Field Note:

State and Program income funds - other populations. Reflects significant increse in Adult Immunizations (\$2.2 M). Other populations include funding for HIV/AIDS, Tobacco, Smoking Cessation, etc.

9. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended Row Name: Administration Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals . The Division continued to be successful in both reducing overall administration costs and in shifting to other federal accounts that are not part of the Partnership budget.

10. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended Row Name: Administration Column Name: Expended

Year: 2008

Increase in Administrative activities related to state budget cuts.

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: RI

Type of Sepulce	FY 2	2006	FY :	2007	FY 2008		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 691,427	\$300,222	\$ 663,508	\$ 296,338	\$ 405,866	\$1,871,299	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$1,369,921	\$	\$1,776,432	\$ 290,889	\$964,137	\$	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$4,248,380	\$6,843,290	\$	\$ 8,299,280	\$	\$ 10,901,123	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$4,436,233	\$	\$\$	\$3,400,911	\$2,016,416	\$5,177,102	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$10,745,961	\$9,917,203	\$12,947,491	\$12,287,418	\$23,922,496	\$18,674,511	

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: RI

TYPE OF SERVICE	FY 2	2009	FY 2	2010	FY 2	2011
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$1,173,502	\$1,748,203	\$ 1,996,609	\$	\$ 539,835	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$1,690,156	\$518,288	\$613,445	\$	\$639,877	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 14,265,753	\$13,954,892	\$17,690,182	\$	\$17,538,872	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$8,867,270	\$4,636,418	\$5,852,846	\$	\$5,473,357	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$25,996,681	\$20,857,801	\$26,153,082	\$0	\$24,191,941	\$0

None

FIELD LEVEL NOTES

 Section Number: Form5_Main Field Name: DirectHCExpended Row Name: Direct Health Care Services

Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to HIV funding from state funding.

 Section Number: Form5_Main Field Name: DirectHCExpended Row Name: Direct Health Care Services

Column Name: Expended

Year: 2008 Field Note:

Increase in Direct services (HIV/AIDS state account)

3. Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to a shift in state partnership funding for enabling services.

 Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended

Year: 2008 Field Note:

Decrease in Enabling Services to support increase in direct services and infrastructure building

 Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2008 Field Note:

Decrease in population based services due to increase in direct services and infrastructure building

 Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2009 Field Note:

Final FY09 Expended totals are more than 10% less than the FY 09 Budgeted totals due to a shift in state partnership funding for infrastructure building services.

 Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2008 Field Note:

Increase in investments in infrastructure building including \$835,000 from tobacco state funding and \$176,000 in worksite wellness initiatives. Other infrastructive services related to chronic disease, healthy homes and environment, children with special health care needs, etc.

FORM 6											
NUMBER AND PER	RCENTAGE OF N			EENED, CASES	CONFIRMED, A	ND TREATED					
Sect. 506(a)(2)(B)(iii) STATE: RI											
SIAIE: KI											
Total Births by Occurrence: 12,230 Reporting Year: 2009											
Type of Screening Tests	(A Receiving at lea (1	st one Screen	(B) No. of Presumptive Positive	(C) No. Confirmed	(C Needing Tre Received Tr	atment that					
	No.	%	Screens	Cases (2)	No.	%					
Phenylketonuria	12,179	99.6	0	0	0						
Congenital Hypothyroidism	12,179	99.6	167	8	7	87.5					
Galactosemia	12,179	99.6	1	0	0						
Sickle Cell Disease	12,179	99.6	3	3	3	100					
Other Screening (Sp	ecify)										
Biotinidase Deficiency	12,179	99.6	2	1	1	100					
Cystic Fibrosis	12,179	99.6	43	2	2	100					
Homocystinuria	12,179	99.6	68	0	0						
Maple Syrup Urine Disease	12,179	99.6	30	0	0						
Congenital Adrenal Hyperplasia (CAH)	12,179	99.6	159	0	0						
Hemoglobinopathies [Non Sickling]	12,179	99.6	9	9	0	0					
Metabolic Conditions	12,179	99.6	217	4	4	100					
Medium-Chain Acyl- CoA Dehydrogenase Deficiency	12,179	99.6	0	0	0						
Screening Programs	s for Older Child	ren & Women (S	Specify Tests by	name)							
(1) Use occurrent birt (2) Report only those (3) Use number of co	from resident birt	hs.									

Data are provisional and reflect calendar year.

The occurrence births for 2009 was 12230, however on the average 30 - 50 infants died shortly after birth and would not be screened.

Total screened for 2009 equals 12179.

FIELD LEVEL NOTES

1. Section Number: Form6_Main Field Name: BirthOccurence

Row Name: Total Births By Occurence Column Name: Total Births By Occurence

Year: 2011 Field Note:

The occurrence births for 2009 was 12230, however on the average 30 - 50 infants died shortly after birth and would not be screened.

Total screened for 2009 equals 12179.

2. Section Number: Form6_Main

Field Name: Phenylketonuria_Confirmed Row Name: Phenylketonuria Column Name: Confirmed Cases

Year: 2011 Field Note:

No cases were screened presumptive positive.

3. Section Number: Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease Column Name: Confirmed Cases

Year: 2011 Field Note:

All 3 confirmed cases received treatment.

4. Section Number: Form6_Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2011 Field Note:

No cases were screened presumptive positive.

5. Section Number: Form6_Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2011 Field Note:

One thyroid confirmed case did not required treatment.

6. Section Number: Form6_Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2011 Field Note:

All 3 confirmed cases received treatment.

7. Section Number: Form6_Other Screening Types

Field Name: Other Row Name: All Rows Column Name: All Columns

Year: 2011 Field Note:

Under Hemoglobinopathies [nonsickling] there were 9 confirmed cases and none required treatment.

Number of Individuals Served (Unduplicated) under Title V (BY Class of Individuals and Percent of Health Coverage)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: RI

Reporting Year: 2009

	TITLE V		PRIMA	RY SOURCES OF COV	'ERAGE	
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	8,213	81.6		2.9	15.4	0.0
Infants < 1 year old	12,230	44.5		54.0	1.0	0.5
Children 1 to 22 years old	34,568	30.0		61.0	8.9	0.1
Children with Special Healthcare Needs	9,745	61.7		36.3	1.1	0.9
Others	14,406	37.2		22.0	40.7	0.1
TOTAL	79,162					

Data are provisional and reflect calendar year. This report should be considered an estimate only.

This report reflects total served by type of health service received. Rhode Island is not yet able to provide an unduplicated count of individuals served across all programs.

'Class of Individuals Served' reflects Rhode Island Resident totals except for Infants where occurrence total is reported.

'Other' in column A, includes Family Planning Services provided to non pregnant women aged 23 and older as well as services provided to adults.

Title V program data does not capture Title XXI as a separate category. Title XXI is part of Rhode Island's extended Medicaid/RIte Care Plan and serves children aged 8-18. These children would be reported under the Title XIX column.

FIELD LEVEL NOTES

None

FORM 8 DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX (BY RACE AND ETHNICITY) [Sec. 506(A)(2)(C-D)] STATE: RI

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,230	8,001	796	63	576	0	349	2,445
Title V Served	12,230	8,001	796	63	576	0	349	2,445
Eligible for Title XIX	5,448	2,539	528	48	210	0	225	1,898
INFANTS								
Total Infants in State	11,416	7,190	776	61	544	1	451	2,393
Title V Served	11,134	7,066	769	61	534	1	328	2,375
Eligible for Title XIX	5,321	2,456	521	48	206	1	215	1,874

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)					
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown	
DELIVERIES									
Total Deliveries in State	9,224	2,546	460	139	24	695	783	905	
Title V Served	9,224	2,546	460	139	24	695	783	905	
Eligible for Title XIX	3,311	1,969	168	111	12	577	611	658	
INFANTS									
Total Infants in State	8,495	2,500	421	137	23	673	774	893	
Title V Served	8,231	2,484	419	134	23	668	769	890	
Eligible for Title XIX	3,206	1,949	166	110	12	566	608	653	

Data reflects Birth file for calendar year 2009 and is considered provisional.

Approximately 350-450 resident births occur out-of-state and insurance status is seldom reported on these births. Therefore, 'TITLE V SERVED' and 'ELIGIBLE FOR XIX', reflect only resident births born in Rhode Island.

FIELD LEVEL NOTES

Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All Row Name: Total Deliveries in State Column Name: Total All Races

Year: 2011

Field Note:

Data reflects occurrence births for 2009. Data are provisional.

Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All Row Name: Total Infants in State Column Name: Total All Races

Year: 2011 Field Note:

Data reflects resident births for 2009, including resident births occurring out of state. Data are provisional.

Section Number: Form8_I. Unduplicated Count By Race Field Name: $InfantsTitleV_AII$

Row Name: Title V Served Column Name: Total All Races

Year: 2011

Field Note:

Resident births occur out-of-state do not report insurance status. Therefore, 'TITLE V SERVED' and 'ELIGIBLE FOR XIX', reflect only resident births born in Rhode Island.

Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All Row Name: Eligible for Title XIX Column Name: Total All Races

Year: 2011 Field Note:

Resident births occur out-of-state do not report insurance status. Therefore, 'TITLE V SERVED' and 'ELIGIBLE FOR XIX', reflect only resident births born in Rhode Island.

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL) [Secs. 505(A)(E) AND 509(A)(B)] STATE: RI

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM [Secs. 505(A)(E) AND 509(A)(B)] STATE: RI

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 942-7434	(800) 942-7434	(800) 942-7434	(800) 942-7434	(800) 942-7434
2. State MCH Toll-Free "Hotline" Name	Rhode Island Department of Health Information Line	Rhode Island Department of Health Information Line	Rhode Island Department of Health Information Line	Family Health Information Line	Family Health Information Line
3. Name of Contact Person for State MCH "Hotline"	Margarita Jaramillo	Margarita Jaramillo	Margarita Jaramillo	Margarita Jaramillo	Andrea Bagnall-Degos
Contact Person's Telephone Number	(401) 222-5981	(401) 222-5981	(401) 222-5981	(401) 222-5981	(401) 222-4614
5. Contact Person's Email	Margarita.Jaramillo@hea	Margarita.Jaramillo@hea			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	70,713	28,790	6,590

None

FIELD LEVEL NOTES

1. Section Number: Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY Year: 2009

Calendar year 2009: The Rhode Island Department of Health Information Line became the single point of entry for calls coming into the Department in 2006. For 2009, there were a total of 57,703 calls received through the hotline and 13,010 calls received through a special hotline setup for one day to address the concerns around the H1N1 and

Of the 57,703 calls, about 6% [3392] were in Spanish; 98% [56,614] were from consumers and only 1% [612] were from Health Care Providers. In addition, 29,839 calls were related to programs and services provided, 12,569 calls were regarding Vital Records and 2,115 were related to licensing.

FORM 10 TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2011 [SEC. 506(A)(1)] STATE: RI

1. State MCH Administration:

RI Department of Health, Division of Community, Family Health and Equity administers RI's Title V Program. It strives to preserve, protect and promote the health and development of all women of maternal age, children and families with a goal of reducing and preventing diseases and disabilities. The Division develops and supports community-based programs and systems of care that address the health and development needs for all children and their families, evaluates the health and development of children with a focus on policy development and planning, and invests in information, education, public engagement, and community partnership development with a focus on prevention. The Division involved parents in all aspects of Community, Family Health and Equity activities. The Division is home to several major public health programs and services for children and families, including Immunization, Lead Poisoning Prevention, Newborn Screening, Special Health Care Needs and Family Planning.

Block Grant Funds		
2. Federal Allocation (Line 1, Form 2)	\$ 1,770,159	
3. Unobligated balance (Line 2, Form 2)	\$ 1,093,295	
4. State Funds (Line 3, Form 2)	\$ 2,274,575	
5. Local MCH Funds (Line 4, Form 2)	\$ 0	
6. Other Funds (Line 5, Form 2)	\$ 2,191,258	
7. Program Income (Line 6, Form 2)	\$ 16,862,654	
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 24,191,941	
	Rhode Islar	nd Parent Information Network Visiting Nurse Agencies
	 Rhode Islar	nd Parent Information Network Visiting Nurse Agencies
		Family Planning Agencies
10. Individuals served by the Title V Program (Col. A, Form 7)	0.242	
a. Pregnant Women	 8,213	
b. Infants < 1 year old	12,230	
c. Children 1 to 22 years old		
•	 34,568	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

e. Others

Practice Enhancement Project: The PPEP promotes the medical home model of care by fostering partnerships among families, pediatric practices, and available community resources. The project assists and supports pediatric primary and specialty care practices in providing improved short and long-term health outcomes for children with special health care needs and their families within a medical home. The project places and support trained Parent Consultants in clinical settings to link families with community resources, assist physicians and families in accessing specialty services, and identify systems barriers to coordinated care. The primary role of the Parent Consultant is to create linkages between the family, pediatric practice, and the community as a whole. Women's Health Screening & Referral Program: Provides no cost pregnancy testing to uninsured women and a comprehensive health risk screening and follow-up to uninsured and insured women receiving pregnancy tests in Title X agencies. Perinatal Home Visiting: An evidence based home visiting program for pregnant women who complete a Women's Health Screening and Referral Program - Care Questionnaire (targeted toChildcare Support Network: MHC provides mental health consultants on-site for technical assistance to child care centers to increase quality and reduce the exclusion rate of children in child care, women with more than one child)and indicating the need for community based support and services.

14,406

b. Population-Based Services:

Seal RI:a. Oral Health expansion of services to schools and an increase provision of preventive services to uninsured children. Adolescent Well Care Tobacco: An adolescent health pilot project (information, skills, cessation services where appropriate) to link middle school students and thier families to a community health provider and provide academic support. Adolescent Well Care: A pilot project to explore strategies to increase the number of adolescent who report a preventive care visit as evidenced by HEDIS measures from health plans. This project will explore provider practices (eg adolescent friendly, wellness promotion/risk reduction versus traditional visit), health plan incentives (eg do enrolled members use the services), youth and parent engagement strategies (support for visit, and how it aligns with adolescent developmental needs) as well as policies (such as required physical for high school, more rigorous HEDIS measure) to increase the number of adolescents receiving well child visits. Partners would include health plans, RI AAP, large pediatric practices, RIPIN, Parent Support Network, behavioral health providers, school nurses school leaders and others as appropriate. Internal partners would include CSHCN, Office of Primary Care, Office of Minority Health, CHDA and Division Health Services and Environmental Health Regulation, Early Childhood Health.

c. Infrastructure Building Services:

(max 2500 characters)

Radon/Asbestos System Replacement: Accurate, timely information about environmental contaminants is key to developing an effective approach to addressing the environmental determinants of health. Radon is second to cigarette smoking as a cause of lung cancer. Asbestos causes both lung cancer and mesothelioma, a rare form of cancer of the lining of the lung. Young children are most susceptible to exposure to these carcinogens. Co-exposure to cigarette smoke greatly increases lung cancer risks above rates for either exposure alone. Prevent Initiation of Students Smoking Tobacco: The project will include entering into a Cooperative Agreement with the Department of Mental Health Retardation & Hospitals for expenditure of Title V MCH funds to pay local law enforcement departments to conduct inspections in retail establishments that sell and advertise cigarettes and smokeless tobacco products in the core cities of Woonsocket, Central Falls, Pawtucket, and Providence to determine compliance with provisions of new FDA regulations and state law, entering into an MOU with the DOA Division of Taxation to define, with MHRH, the infrastructure needs of the state to successfully apply for FDA enforcement funds, and to identify a new model of enforcement that reflects best practice, implementing a plan to build needed infrastructure with buy in from the RI

Police Chief's Association, hiring off shift police officers to work with trained and supervised minors to attempt purchase of tobacco products and to inspect product placement and advertising and addressing the alarming increase in Hookah and Smoking Bars in RI. Life Course Social Marketing: The purpose of this project is to develop a plan in conjunction with families, HEALTH programs, and community-based health and social service providers to create social marketing approaches that promote preconception/interconception health, prenatal care, the life-course perspective, and new parent education/resources for providers and families. This project would be integrated with internal programs such as the Center for Public Health Communication (CPHC), Family Planning, Newborn Screening, Home Visiting, Early Childhood Systems of Care, PRAMS, IHW, Tobacco, Health Disparities and Access to Care programs, WIC etc. The plan would also require input from outside partners, such as the Women's Health Advisory Council, the Prematurity Task Force, Community Health Centers, Birthing Hospitals, etc.

12	The	nrimary	Titla	١/	Program	contact	nercon.
12.	rne	Dilmary	T IIIe	v	Program	contact	person.

13. The children with special health care needs (CSHCN) contact person:

Name	Ana Novais, MA	Name	Deborah Garneau
Title	Executive Director, Division of Family, Community Heal	Title	Chief, Office of Special Health Care Needs
Address	3 Capitol Hill	Address	3 Capitol Hill
City	Providence	City	Providence
State	RI	State	RI
Zip	02908	Zip	02908
Phone	401-222-5117	Phone	401-222-5929
Fax	401-222-1442	Fax	401-222-1442
Email	Ana.Novais@health.ri.gov	Email	Deborah.Garneau@health.ri.gov
Web		Web	

FORM NOTES FOR FORM 10
None

FIELD LEVEL NOTES

None

TRACKING PERFORMANCE MEASURES

[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: RI

Form Level Notes for Form 11

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

ewborn screening programs.									
	Annual Objective and Performance Data								
	2005	2006		2007	2008	2009			
Annual Performance Objective	99	.5	99.5	99.5	99.6	99.6			
Annual Indicator	100	.0	100.0	100.0	100.0	100.0			
Numerator		19	20	33	37	27			
Denominator		19	20	33	37	27			
Data Source	•				Newborn Screening Blood Spot DB	Newborn Screening Blood Spot DB			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	! 								
Is the Data Provisional or Final?	•				Final	Provisional			
			Annual (Objective and Perform	mance Data				
	2010	2011		2012	2013	2014			
Annual Performance Objective	99	.6	99.6	99.6	99.8	99.8			
Annual Indicator Numerator	•								
Denominator	•								

Field Level Notes

Section Number: Form11_Performance Measure #1

Field Name: PM01 **Row Name:** Column Name: Year: 2009 Field Note:

Annual indicator continues to be 100%. Rhode Island is successful

in making sure infants receive appropriate follow up.

2009: Nine infants were confirmed with Hemoglobinophathies [non sickling]. The infants did not require any treatment. Therefore, the numerator includes these 9 infants, since they did receive the appropriate follow up.

Section Number: Form11_Performance Measure #1

Field Name: PM01 **Row Name:** Column Name: Year: 2008 Field Note:

Annual indicator continues to be 100%. Rhode Island is successful

in making sure infants receive appropriate follow up.

In 2008, 5 infants were confirmed with Hemoglobinophathies [non sickling]. The infants did not require any treatment. Therefore, the numerator includes these 5 infants, since they did receive the appropriate follow up.

PERFORMANCE MEASURE # 02					
The percent of children with special health care needs age 0 to 18 year (CSHCN survey)	ars whose families	partner in decision ma	aking at all levels and	are satisfied with the	services they receive.
		<u>Annual</u>	Objective and Perfor	mance Data	
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator Denominator	2005	2006	2007	2008	2009
Annual Performance Objective	68.6	70	70	61.4	61.4
Annual Indicator	68.6	68.6	61.4	61.4	61.4
Numerator					
Denominator	·				
Data Source	•			CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.	! 				
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
		<u>Annual</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	61.4	63	63	63	63
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2009 Field Note:

DEDECORMANCE MEASURE # 02

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Data Discussion:

According to data from the 2005/2006 National Survey of Children with Special Health Care Needs (NS-CSHCN), 61.4% of families of CSHCN reported they are partners in decision making at all levels, and are satisfied with the services they receive. While this data represents a decline from the 2001 NS-CSHCN figure of 68.6%, RI remains significantly higher than the national average of 57.4%. As was discussed earlier in this application, RI's social welfare system has been under significant stress over the last several years. Difficult decisions to cut or limit eligibility to services and supports were made without much family and provider input, leaving consumers feeling disempowered.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Data Discussion:

According to data from the 2005/2006 National Survey of Children with Special Health Care Needs (NS-CSHCN), 61.4% of families of CSHCN reported they are partners in decision making at all levels, and are satisfied with the services they receive. While this data represents a decline from the 2001 NS-CSHCN figure of 68.6%, RI remains significantly higher than the national average of 57.4%. As was discussed earlier in this application, RI's social welfare system has been under significant stress over the last several years. Difficult decisions to cut or limit eligibility to services and supports were made without much family and provider input, leaving consumers feeling disempowered.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03									
The percent of children with special health care needs age 0 to 18 wh	o receive coordinat	ed, ongoing, compre	ehensive care within a	medical home. (CSHC	N Survey)				
	Annual Objective and Performance Data								
	2005	2006	2007	2008	2009				
Annual Performance Objective	53.9	55.2	55.2	50.9	50.9				
Annual Indicator	53.9	53.9	50.9	50.9	50.9				
Numerator									
Denominator									
Data Source	!			CSHCN survey	CSHCN survey				
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 								
Is the Data Provisional or Final?				Final	Provisional				
		Annual	Objective and Perfo	rmance Data					
	2010	2011	2012	2013	2014				
Annual Performance Objective	50.9	55.5	55.5	55.5	55.5				
Annual Indicator									
Numerator									
Denominator									

1. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Data Discussion:

Data from the 2005/2006 National Survey of CSHCN indicate that 50.9% of CSHCN received coordinated, ongoing and comprehensive care within a medical home. While this represents a slight decline from the 2001 survey figure of 53.9%, RI's data remains well above the national average of 47.1%. As RI faces state budget constraints from a failing economy, systems of care for children and youth with special health care needs are threatened and fragmented.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Data Discussion:

Data from the 2005/2006 National Survey of CSHCN indicate that 50.9% of CSHCN received coordinated, ongoing and comprehensive care within a medical home. While this represents a slight decline from the 2001 survey figure of 53.9%, RI's data remains well above the national average of 47.1%. As RI faces state budget constraints from a failing economy, systems of care for children and youth with special health care needs are threatened and fragmented.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04						
The percent of children with special health care needs age 0 to 18 wh Survey)	ose families ha	ave adequa	ate private and/o	r public insurance to	pay for the services th	ney need. (CSHCN
			Annual C	Objective and Perfor	mance Data	
	2005	20	06	2007	2008	2009
Annual Performance Objective		8.9	70.2	70.2	68.2	68.2
Annual Indicator		8.9	68.9	68.2	68.2	68.2
Numerator						
Denominator						
Data Source					CSHCN survey	CSHCN survey
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX., Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator	· ·					
(Explain data in a year note. See Guidance, Appendix IX.,						
Is the Data Provisional or Final?					Final	Provisional
			Annual C	Objective and Perfor	mance Data	
	2010	20	11	2012	2013	2014
Annual Performance Objective		8.5	70.2	70.2	70.2	70.2
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2009 Field Note:

DEDECORMANCE MEASURE # 04

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Data Discussion:

Data from the 2005/2006 National Survey of CSHCN indicates that 68.1% of families with CSHCN have adequate private and/or public insurance to pay for the services they need. This percentage is largely consistent with the 2001 National Survey results of 68.9%. RI has a high rate of insured children as a result of the state's collective commitment to the RIteCare Program. This performance measure reminds RI that insurance status alone does not mean that families can pay for all the services they need.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Data Discussion

Data from the 2005/2006 National Survey of CSHCN indicates that 68.1% of families with CSHCN have adequate private and/or public insurance to pay for the services they need. This percentage is largely consistent with the 2001 National Survey results of 68.9%. RI has a high rate of insured children as a result of the state's collective commitment to the RIteCare Program. This performance measure reminds RI that insurance status alone does not mean that families can pay for all the services they need.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

families report the	community-based se	rvice systems are orga	nized so they can use	e them easily. (CSHCN
	<u>Annual</u>	Objective and Perfor	mance Data	
2005	2006	2007	2008	2009
78.8	80	80	87.6	87.6
78.8	78.8	87.6	87.6	87.6
			CSHCN survey	CSHCN survey
			Final	Provisional
	Annual	Objective and Perfor	mance Data	
2010	2011	2012	2013	2014
87.6	80	80	80	80
	2005 78.8 78.8	2005 2006 80 78.8 80 78.8 Annual 2010 2011 87.6 80	Annual Objective and Performance 2005 2006 2007 78.8 80 80 78.8 78.8 87.6 Annual Objective and Performance 2010 2011 2012 87.6 80 80	78.8 80 80 87.6 78.8 78.8 87.6 87.6 CSHCN survey Final Annual Objective and Performance Data 2010 2011 2012 2013 87.6 80 80 80

1. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2009 Field Note:

DEDECORMANCE MEASURE # 05

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Data Discussion:

According to the 2005/2006 National Survey of CSHCN, 87.6% of families of CSHCN reported that services are organized in ways they can be easily used. While this represents an 11.2% increase from the 2001 figure of 78.8%, RI remains lower than the national average of 89.1%. Over the past several years, RI state government has undergone a consolidation and reorganization process and developed a few key points of entry into the system. More attention to informing families of these centralized resources is required for RI to improve on this measure.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Data Discussion:

According to the 2005/2006 National Survey of CSHCN, 87.6% of families of CSHCN reported that services are organized in ways they can be easily used. While this represents an 11.2% increase from the 2001 figure of 78.8%, RI remains lower than the national average of 89.1%. Over the past several years, RI state government has undergone a consolidation and reorganization process and developed a few key points of entry into the system. More attention to informing families of these centralized resources is required for RI to improve on this measure.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06					
The percentage of youth with special health care needs who received and independence.	the services necess	sary to make transition	ns to all aspects of ac	dult life, including adul	t health care, work,
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	6.4	6.4	37.6	37.6
Annual Indicator	5.8	5.8	37.6	37.6	37.6
Numerator					
Denominator					
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	37.6	38.4	38.4	38.4	38.4
Annual Indicator Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2009 Field Note:

DEDECORMANCE MEASURE # 06

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Data Discussion

According to the NS-CSHCN, youth with SHCN who received the services necessary to make appropriate transitions to adult health care, work and independence was 37.6% in 2005/2006. RI's percentage remains lower than the national average of 41.2%. Increasing the successful transition from pediatric to adult healthcare has been identified by the DCFHE as a primary objective.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Data Discussion:

According to the NS-CSHCN, youth with SHCN who received the services necessary to make appropriate transitions to adult health care, work and independence was 37.6% in 2005/2006. RI's percentage remains lower than the national average of 41.2%. Increasing the successful transition from pediatric to adult healthcare has been identified by the DCFHE as a primary objective.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07					
Percent of 19 to 35 month olds who have received full schedule of age Haemophilus Influenza, and Hepatitis B.	e appropriate immur	nizations against Meas	sles, Mumps, Rubella	, Polio, Diphtheria, Te	etanus, Pertussis,
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	86.5	86.5	80.5	84.5	80.9
Annual Indicator	83.1	82.2	80.0	79.5	82.6
Numerator	10,968	10,504	10,152	9,834	10,218
Denominator	13,199	12,778	12,690	12,370	12,371
Data Source				National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	84.9	85	85.2	85.5	85.7
Annual Indicator					
Numerator					
Denominator					

Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2009 Field Note:

Rhode Island's coverage rate for the 4:3:1:3:3:1 series was enormously impacted by the HIB shortage, which started in December 2007. Therefore the 2009 data reported are from National Immunization Survey's 4:3:1:_:3:1. The Varicella vaccine was added to the complete series. The coverage rate meets the Healthy People 2010 target for the PM at 80%.

Denominator is estimated based on number of resident births that occurred two years prior.

Section Number: Form11_Performance Measure #7

Field Name: PM07 **Row Name:** Column Name: Year: 2008 Field Note:

Data for 2008 are estmated. According to the 2008 NIS data, 79.5% were vaccinated, which was very similar to the coverage rate of 80.0% for 2007. The coverage rates declined significantly when comparing to 2004, but Rhode Island still meets the Healthy People 2010 target for the PM at 80%.

Data for this performance measure reflects the 4:3:1:3:3 series collected through the National Immunization Survey. Denominator is estimated based on number of resident births that occurred two years prior.

Children in the 2008 NIS were born between January 2005 and June 2007.

Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 are estmated.

Data for this performance measure reflects the 4:3:1:3:3 series collected through the National Immunization Survey.

Denominator is estimated based on number of resident births that occurred two years prior.

PERFORMANCE MEASURE # 08						
he rate of birth (per 1,000) for teenagers aged 15 through 17 years.						
			Annual C	Objective and Perfor		
	2005	2006		2007	2008	2009
Annual Performance Objective	20	.5	18.3	19.3	18.3	18
Annual Indicator	18	.3	18.1	18.0	17.5	17.6
Numerator	36	61	388	386	364	366
Denominator	19,73	30	21,390	21,390	20,754	20,754
Data Source					Vital Records Birth File	Vital Records Birth File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	Provisional
			Annual C	Objective and Perfor	mance Data	
	2010	2011		2012	2013	2014
Annual Performance Objective	17	.3	17.3	17.5	17.6	17.6
Annual Indicator						
Numerator						
Denominator						

1. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2009 Field Note:

2009: Provisional data indicate that the birth rates for teens aged 15-17 per 1,000 for 2008 - 2009 has remained stable.

Population Estimate for 2008 used for the denominator.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2008 Field Note:

Calendar year 2008 data was updated.

Population Estimate for 2008 used for the denominator.

3. Section Number: Form11_Performance Measure #8 Field Name: PM08

Field Name: PN Row Name: Column Name: Year: 2007 Field Note:

2007: Provisional data indicate that the birth rates for teens aged 15-17 per 1,000 for 2004 - 2007 has remained stable.

PERFORMANCE MEASURE # 09							
Percent of third grade children who have received protective sealants on at least one permanent molar tooth.							
		Annual Objective and Performance Data					
	2005	2006	2007	2008	2009		
Annual Performance Objective	51.9	54	34.3	36.3	36.9		
Annual Indicator	32.7	33.2	36.3	38.6	38.6		
Numerator	4,780	4,230	4,625	4,625	4,625		
Denominator	14,628	12,740	12,740	11,987	11,987		
Data Source				Oral Health Program	Oral Health Program		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)							
Is the Data Provisional or Final?				Final	Final		
		Annual Objective and Performance Data					
	2010	2011	2012	2013	2014		
Annual Performance Objective	39.5	39.9	39.2	39.2	39.5		
Annual Indicator							
Numerator							
Denominator	•						

1. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2009 Field Note:

2009 data are estimated. Denominator from 2008 Population Estimate.

The Basic Screening Survey (BSS) was conducted in the fall of 2007. The BSS was funded by the CDC and conducted in 35 States.

In Rhode Island, 31 public elementary schools were randomly selected and 66 percent of the enrolled 3rd grade students were screened.

The actual number of 3rd graders screened was 1303.

The Oral Health Program is working with the RI Department of Education (RIDE) and the RI Oral Health Commission to standardize screening forms utilized by school dentists. RIDE will be revising their Rules & Regulations Pertaining to School Health Programs, and the Oral Health Program is working with school dentists to include presence of sealants in the Rules & Regulations. Once included, we will be developing a standardized form based on the required screening conditions, as outlined in the Rules & Regulation, and will recommend that all school dentists utilize the form and return it to the Oral Health Program for input and analysis. It is anticipated that, once established, this procedure will provide the Oral Health Program with data to support more accurate tracking of the Title V National Performance Measure related to placement of dental sealants in RI children.

Additionally, to support RI's ability to increase the number of children receiving dental sealants, the 2010 Title V budget application will include funding for school-based dental programs to increase the number of children receiving services, including dental sealants.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2008 Field Note:

2008 data are estimated.

The Basic Screening Survey (BSS) was conducted in the fall of 2007. The BSS was funded by the CDC and conducted in 35 States.

In Rhode Island, 31 public elementary schools were randomly selected

and 66 percent of the enrolled 3rd grade students were screened.

The actual number of 3rd graders screened was 1303.

Denominator from 2008 Population Estimates.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2007 Field Note:

The Basic Screening Survey (BSS) was conducted in the fall of 2007. The BSS was funded by the CDC and conducted in 35 States.

In Rhode Island, 31 public elementary schools were randomly selected

and 66 percent of the enrolled 3rd grade students were screened.

The actual number of 3rd graders screened was 1303.

Denominator from US Census estimate.

PERFORMANCE MEASURE # 10						
The rate of deaths to children aged 14 years and younger caused by	motor vehicle crash	es per 100,00	00 children			
	Annual Objective and Performance Data					
	2005	2006		2007	2008	2009
Annual Performance Objective	1.5		1.5	1.5	1.5	1.5
Annual Indicator						
Numerator						
Denominator	186,874	1	81,152	181,152	173,303	17,303
Data Source					Vital Records Death File	Vital Records Death File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Yes	Yes	Yes
Is the Data Provisional or Final?					Provisional	Provisional
	Annual Objective and Performance Data					
	2010	2011		2012	2013	2014
Annual Performance Objective	1		1	1.5	1.5	1.5
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #10

Field Name: PM10 **Row Name:** Column Name: Year: 2009 Field Note:

Data for 2008 reflect children aged 1 -14.

Denominator is from the 2008 Population Estimates.

Issue: Rhode Island has not been able to report on PM 10 due to the

number of events. There are fewer than 5 events over the last year and the average of the last 3 years is also fewer than 5.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10 **Row Name:** Column Name: Year: 2008 Field Note:

Data for 2008 reflect children aged 1 -14.

Denominator is from the 2008 Population Estimates.

Issue: Rhode Island has not been able to report on PM 10 due to the number of events. There are fewer than 5 events over the last year and the average of the last 3 years is also fewer than 5.

3. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2007 Field Note:

Data are for children aged 1 -14.

Denominator is from the US Census Estimates.

PERFORMANCE MEASURE # 11							
The percent of mothers who breastfeed their infants at 6 months of ag	je.						
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		28.5	31.5	32.5	42.5		
Annual Indicator	32.9	35.4	43.4	40.4	40.4		
Numerator	4,175	4,523	5,507	4,997	4,998		
Denominator	12,690	12,778	12,690	12,370	12,371		
Data Source				National Immunization Survey	National Immunization Survey		
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator							
Is the Data Provisional or Final?				Provisional	Provisional		
		Annual	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014		
Annual Performance Objective	42.5	43.2	43.5	44.5	44.8		
Annual Indicator Numerator Denominator							

1. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2009 Field Note:

Data Source: National Immunization Survey [NIS] Breastfeeding Report Card - United States 2009. Children surveyed each year were born about 2 years prior to survey. Therefore, denominator reflects Rhode Island resident births for 2007.

Although the rate remained the same for 2008 & 2009, there was a slight decline from 2007. However, the decline is not considered statistically significant.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2008 Field Note:

Data Source: National Immunization Survey [NIS]. The years presented in the above table reflect the survey year. Children surveyed each year were born about 2 years prior to survey. Therefore, denominator reflects Rhode Island resident births for 2006.

Data for 2008 are provisional and an estimate from the 2008 NIS. Based on the 95% CI, the rate declined from 2007 to 2008 but is not considered statistically significant. According to the 2008 NIS survey, 40.4% of Rhode Island women breastfed their infants at 6 months of age compared to 43.4% in 2007.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2007

Data Source: National Immunization Survey [NIS]. The years presented in the above table reflect the survey year. Children surveyed each year were born about 2 years prior to survey. Therefore, denominator reflects Rhode Island resident births for 2005

Data for 2007 are final and based on the 95% CI, the rate increased from 2006 to 2007, however it was not statistically significant. According to the 2007 NIS survey, 43.4% of Rhode Island women breastfed their infants at 6 months of age compared to 35.4% in 2006.

The 35.4% reflects the updates rate from NIS for 2006, which I was unable to enter.

PERFORMANCE MEASURE # 12							
Percentage of newborns who have been screened for hearing before	hospital discharge.						
			Annual C	Objective and Perfor			
	2005	2006		2007	2008	2009	
Annual Performance Objective	99.5		99.5	96.5	97.3	98.9	
Annual Indicator	99.4		98.7	98.8	99.4	99.2	
Numerator	13,336		12,960	12,971	12,683	12,082	
Denominator	13,416		13,127	13,133	12,758	12,179	
Data Source					Universal NewBorn Screening	Universal NewBorn Screening	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator							
Is the Data Provisional or Final?					Final	Provisional	
			Annual Objective and Performance Data				
	2010	2011		2012	2013	2014	
Annual Performance Objective	99.4		99.4	99.6	99.6	99.6	
Annual Indicator							
Tumorator							
Denominator							

1. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2009 Field Note:

2009: Data was provided by the Kidsnet Database [Universal NewBorn Screening] and reflects total screened before DISCHARGE.

Denominator reflects births occurring in Rhode Island minus 51infants deaths.

2. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2008 Field Note:

2008: Data was provided by the Kidsnet Database [Universal NewBorn Screening] and reflects total screened before DISCHARGE.

Denominator reflects births occurring in Rhode Island minus 45 infants deaths.

3. Section Number: Form11_Performance Measure #12 Field Name: PM12

Field Name: PN Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 was provided by the Kidsnet Database and reflects total screened before DISCHARGE.

Denominator reflects births occurring in Rhode Island minus 58 infants deaths.

PERFORMANCE MEASURE # 13					
Percent of children without health insurance.					
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	5.4	7.2	7.5	5.7	8.8
Annual Indicator	7.6	4.1	8.8	7.9	7.5
Numerator	19,114	9,735	20,944	18,644	17,587
Denominator	251,500	237,451	238,000	236,000	234,500
Data Source				CPS - Table HIA-5	CPS - Table HIA-5
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.,					
Is the Data Provisional or Final?				Final	Provisional
	2010	<u>Annual (</u> 2011	Objective and Perfor 2012	mance Data 2013	2014
Annual Performance Objective	7.3	7.6	7.6	7.2	7.2
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2009 Field Note:

2009 Data is from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided. Both numerator and denominator are from Table HIA-5.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2008 Field Note:

2008 Data is from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2007 Field Note:

2007 Data are from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided.

PERFORMANCE MEASURE # 14						
Percentage of children, ages 2 to 5 years, receiving WIC services with	n a Body Mass Ind	lex (BMI) at	or above th	e 85th percentile.		
			Annual C	Objective and Perfor	mance Data	
	2005	2006		2007	2008	2009
Annual Performance Objective			42.3	36.2	35.9	32.3
Annual Indicator	42.0	<u> </u>	35.6	35.6	34.3	33.3
Numerator	4,930		3,826	4,443	4,629	4,614
Denominator	11,737		10,753	12,482	13,498	13,850
Data Source	1				WIC Database	WIC Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.,	· ·					
Is the Data Provisional or Final?					Final	Provisional
			Annual C	Objective and Perfor	mance Data	
	2010	2011		2012	2013	2014
Annual Performance Objective	32.3		32.1	30.8	30.8	29.8
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2009 Field Note:

Percentage of WIC children with BMI >= 85th percentile appeared to decline from 34.3% in 2008 to 33.3% in 2009. It is not clear whether this decline is real or if it's due to the improvement of data quality.

Records with missing data (age, gender, height or weight) are excluded in both numerator and denominator.

2. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2008 Field Note:

According to 2008 WIC data, 34.3% of children aged 24 to 59 months of age enrolled in the WIC Program had BMI's ge 85th percentile.

Since 2006, when the Rhode Island WIC data system changed to collect more accurate data by reducing duplicates, the percentage of WIC children who were overweight has remained stable.

 $Records \ with \ missing \ data \ (age, gender, height \ or \ weight \) \ are \ excluded \ in \ both \ numerator \ and \ denominator.$

3. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2007 Field Note:

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces duplicates.

PERFORMANCE MEASURE # 15					
Percentage of women who smoke in the last three months of pregnar	cy.				
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		11.7	11.5	12.9	11.4
Annual Indicator	11.7	13.4	12.4	10.8	11.1
Numerator	1,382	1,548	1,432	1,205	1,329
Denominator	11,827	11,520	11,542	11,166	12,024
Data Source				PRAMS	PRAMS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.,					
Is the Data Provisional or Final?				Final	Provisional
	2010	<u>Annual (</u> 2011	Objective and Perfor 2012	mance Data 2013	2014
Annual Performance Objective	11	11.2	11.4	11.3	11
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2009 Field Note: Data are estimated.

Data collection for 2009 PRAMS will not be completed until end of June 2010 and the weighted data for 2009 will not be available until the winter 2010.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2008 Field Note:

Rhode Island PRAMS 2008.

3. Section Number: Form11_Performance Measure #15 Field Name: PM15

Field Name: PM Row Name: Column Name: Year: 2007 Field Note:

The Confidence Interval (95% Confidence Level) for 2004 - 2007, indicate that the percentage of women who smoked in the last three months of their pregnancy remained stable.

PERFORMANCE MEASURE # 16					
The rate (per 100,000) of suicide deaths among youths aged 15 throu	gh 19.				
		<u>Ann</u>	ual Objective and Per	rformance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	4	:	5.3	5 3.7	3.7
Annual Indicator					
Numerator			_	_	
Denominator	82,818	81,5	557 81,55	79,678	79,678
Data Source				Vital Records Dea File	ath Vital Records Death File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Ye	es Yes	Yes
Is the Data Provisional or Final?				Final	Provisional
		Ann	ual Objective and Per	rformance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1		1	1 1.5	1.5
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2009 Field Note:

Data for 2009 are provisional. For 2009 there were 2 events and a total of 9 events for 2006 thru 2009. Therefore, there are lt 5 events for the year and the average of the last 3 years is also lt 5 events.

Denominator from Populations Estimates.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2008 Field Note:

For 2008 there were 4 events and for 2006 thru 2008 there was a total of only 8 events. Therefore, there are It 5 events for the year and the average of the last 3 years is also It 5 events.

Denominator from Populations Estimates.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2007 Field Note:

For 2007 there were events and for 2005 thru 2007 there was a total of only 8 events. Therefore, there are It 5 events for the year and the average of the last 3 years is also

Denominator from Populations Estimates.

PERFORMANCE MEASURE # 17					
Percent of very low birth weight infants delivered at facilities for high-r	isk deliveries and ne	eonates.			
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	93.5	94.2	94.2	92.8	94.5
Annual Indicator	90.6	91.8	92.5	93.6	92.6
Numerator	173	168	198	161	174
Denominator	191	183	214	172	188
Data Source				Vital Records Birth File	Vital Records Birth File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annual</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	94.5	95	95	95	95.6
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2009 Field Note:

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for Rhode Island resident births occurring out-of-state.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2008 Field Note:

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for Rhode Island resident births occurring out-of-state.

3. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 indicate a slight increase in the number of VLBW babies

born in high-risk facilities.

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for Rhode Island resident births occurring out-of-state.

PERFORMANCE MEASURE # 18						
Percent of infants born to pregnant women receiving prenatal care be	ginning in the first ti	imester.				
				ctive and Perfori		
	2005	2006	20	007	2008	2009
Annual Performance Objective	90.2		89.4	85	82.5	84.5
Annual Indicator	89.8		84.5	82.0	81.9	85.2
Numerator	10,541	10	,211	9,910	9,539	9,469
Denominator	11,744	12	,086	12,083	11,651	11,117
Data Source					Vital Records Birth File	Vital Records Birth File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	Provisional
		<u>An</u>	nual Obje	ctive and Perfor	mance Data	
	2010	2011	20	012	2013	2014
Annual Performance Objective	85.4		85	85	85	85
Annual Indicator						
Numerator Denominator						
Denominator						

1. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2009 Field Note:

Data reflect calendar year 2009 and are provisional.

2. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 reflects calendar year.

The decline in infants born to pregnant women receiving prenatal care beginning in the first trimester began in 2006. Starting in 2006, the source for Month Prenatal Care Began, changed from mother's work sheet (self-reported) to OB chart provided to hospitals of birth.

Birth records with unknown or missing 'month of prenatal care' are excluded from the denominator.

3. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2007 Field Note:

Data for 2007reflects calendar year.

Starting in 2006, source for Month Prenatal Care Began, changed from mother's work sheet [self-reported] to OB chart provided hospital of birth.

Birth records with unknown or missing 'month of prenatal care' are excluded from the denominator.

FORM 11

TRACKING PERFORMANCE MEASURES

[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: RI

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE #1 - REPORTING YEAR

Percent of PRAMS population who had a diagnosis of depression before or during pregnancy.

	Annual Objective and Performance Data							
:	2005	2006	2007	2008	2009			
Annual Performance Objective		15.2	15.2	13.7	14.2			
Annual Indicator	12.4	14.6	14.2	14.2	14.2			
Numerator	1,465	1,653	1,627	1,568	1,568			
Denominator	11,802	11,334	11,452	11,024	11,024			
Data Source Is the Data Provisional or Final?				PRAMS Survey Provisional	PRAMS Survey Provisional			

Annual Objective and Performance Data

2011 2010 2012 2013 2014 13.2 13.2 13.2 13.5 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2009 Field Note:

Since collection of PRAMS surveys for 2009 is not yet complete, 2009 data are estimate. It is estimated that data will show trend to remain about the same. Data for 2009 will be updated when final file is received

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2008 Field Note:

The Confidence Interval (95% Confidence Level) for 2005 - 2008 indicate that the percent of women who had a diagnosis of depression before or during pregnancy remained stable.

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2007 Field Note:

The Confidence Interval (95% Confidence Level) for 2004 - 2007, indicate that the percent of women who had a diagnosis of depression before or during pregnancy

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of children aged 2-5 enrolled in the WIC Program with BMI's >=95th percentile

	Annual Objective and Performance Data							
2	2005	2006	2007	2008	2009			
Annual Performance Objective		23.2	18.2	17.7	17.2			
Annual Indicator	18.7	17.2	17.4	17.2	16.2			
Numerator	2,195	1,854	2,167	2,318	2,250			
Denominator	11,750	10,753	12,482	13,498	13,850			
Data Source Is the Data Provisional or Final?				WIC Database Final	WIC Database Provisional			

Annual Objective and Performance Data

2010		2011	2012	2013	2014
Annual Performance Objective	17.2	17.2	17	16.8	

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2009 Field Note:

Percentage of WIC children with BMI >= 95th percentile appeared to decline from 17.2% in 2008 to 16.2% in 2009. It is not clear whether this decline is real or it is due to improvement of data quality.

Records with missing data (age, gender, height or weight) are excluded in both numerator and denominator

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2008 Field Note:

According to 2008 WIC data, 17.2% of children aged 24 to 59 months of age enrolled in the WIC Program had BMI's ge 95th percentile.

Since 2006, when the Rhode Island WIC data system changed to collect more accurate data by reducing duplicates, the percentage of WIC children who were overweight

Records with missing data (age, gender, height or weight) are excluded in both numerator and denominator.

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2007 Field Note:

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces

duplicates

STATE PERFORMANCE MEASURE #3 - REPORTING YEAR

Percent of Rhode Island resident families with at-risk newborns that received a home visit from the Family Outreach Program within the newborn period (<=90 days)

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective	54.5	55	55	47	55			
Annual Indicator	56.4	55.8	48.2	45.3	45.6			
Numerator	3,894	3,960	3,524	3,183	3,122			
Denominator	6,902	7,091	7,309	7,030	6,840			
Data Source				Universal Newborn Screening	Universal Newborn Screening			
Is the Data Provisional or Final?				Final	Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 55.2 55.7 55.7 55.7 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 **Row Name:** Column Name: Year: 2009 Field Note:

Data reflects calendar year and the denominator includes 2,964 moms that refused a home visit.

As of April 2009 the Family outreach Program was renamed The First Connections program. Rhode Island wrote certification standards and awarded contracts to two new vendors and two previous vendors. The start up for the new vendors was slow and it has been noted that we have had an increase in refusals with the change in name as well as with the change in providers. For the first time, we used community based providers that were NOT Visiting Nurse Associations.

In 2010, the program has implemented the following:

- 1. Careful review of the data to determine possible population/location trends in refusals and unable to locate families
- 2. Monthly feedback to organizations on capture rate
- 3. Focus groups to learn more about why families are refusing and how we can improve services
- 4. Grant dollars to vendors to engage in parent engagement/outreach efforts to increase home visit participation.
- Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

In 2008 the program that provides home visits to newborns and children under 3 was reconfigured and awarded through a competitive bid process to new vendors. These new vendors are serving new communities and have established relationships with many of the populations in their communities.

The denominator includes 1,254 moms that refused a home visit.

Section Number: Form11_State Performance Measure #3

Field Name: SM3 **Row Name:** Column Name: Year: 2007 Field Note:

The number of Rhode Island Resident newborns who received a home visit declined in 2007 because the primary contractor providing the services [VNA Care of NE], decided to close their pediatric service division. Only children with the most significant risk profiles received visits. The capacity of the Home Visiting Program remains to be determined in 2008 due to budget constraints.

Also, the 2007 denominator includes 1923 parents that refused a home visit. Efforts are being made to understand the reasons for the refusal.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10ug/dL

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective	10.5	6	5	4.5	3			
Annual Indicator	5.8	4.7	4.0	3.0	2.9			
Numerator	916	746	611	449	402			
Denominator	15,664	15,721	15,224	14,798	13,907			
Data Source				Rhode Island Lead Program	Rhode Island Lead Program			
Is the Data Provisional or Final?				Final	Final			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 2.8 2.8 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2009 Field Note:

2009: The percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10 mcg/dL, remained about the same for both 2008 & 2009.

Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2008 Field Note:

The percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10 mcg/dL, has continued to decrease at the state and national

Specific, science-based reasons for the decrease are difficult to identify. It is estimated that the decrease is due to the hightened awareness about the dangers of lead in the population at large, done through local outreach efforts as well as national media, research published in a variety of channels.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Ratio of the Black or African American prematurity rate to the White prematurity rate

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		1.5	1.4	1.3	1.2		
Annual Indicator	1.3	1.2	1.2	1.2	1.2		
Numerator	13	12	12.2	11.8	11.3		
Denominator	9.9	10.3	10.6	9.6	9.6		
Data Source Is the Data Provisional or Final?				Vital Records Provisional	Vital Records Provisional		

Annual Objective and Performance Data

2010 2011 2012 2013 2014 1.2 1.2 1.2 **Annual Performance Objective** 1.2

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #6

Field Name: SM6 **Row Name:** Column Name: Year: 2009 Field Note:

Physician's estimate and not LMP and Delivery Date are used to determine gestational age for this measure.

Also, Rhode Island implemented multiple race options in October 2008. In 2009, 20% or 2256 women selected 'other' as their race. Prior to 2009, It 1% of women identified themselves as 'other'. The percent of women that selected 'other' among preterm births is also 20%.

Despite the change in mother' race, the ratio of black prematurity rate compared to the white prematurity rate has remained around 1.3 or 1.2 since 2004.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 **Row Name:** Column Name: Year: 2008 Field Note:

The ratio of black prematurity rate compared to the white prematurity rate has remained around 1.3 or 1.2 since 2004.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 **Row Name:** Column Name: Year: 2007 Field Note:

The ratio of black prematurity rate compared to the white prematurity rate has remained around 1.3 or 1.2 since 2004.

STATE PERFORMANCE MEASURE #7 - REPORTING YEAR

Percent of children (who have had at least one immunization from a primary care provider) with complete immunization series (4:3:1:3) and at least one lead screening by age 2

	Annual Objective and Performance Data							
:	2005	2006	2007	2008	2009			
Annual Performance Objective		55.7	53.2	50.2	40.7			
Annual Indicator	53.2	51.8	49.5	49.9	48.7			
Numerator	6,307	6,706	6,164	6,059	5,963			
Denominator	11,848	12,939	12,460	12,132	12,249			
Data Source				Kidsnet Data System	Kidsnet Data System			
Is the Data Provisional or Final?				Final	Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 43.5 52.2 53.2 53.2 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #7

Field Name: SM7 **Row Name:** Column Name: Year: 2009 Field Note:

Data for 2008 and 2009 reflect rate for a 4:3:1:2 schedule due to the shortage of Pedvax Hib.

Beginning around December 2007 shortages of Pedvax Hib began and continued in RI until April 2010. Prior to this time period RI was exclusively using Pedax Hib with a 3 dose schedule. It was necessary to defer the 3rd dose (booster dose) and eventually there was a switch to ACTHIB which requires 4 does. However, all children who had started with PEDVAX had received their 1st two doses (4 months of age), did not have an additional dose recommended during the shortage. In addition, during the switch to ACTHIB, the allocation of vaccine from CDC did not adequately account for RI's need to move from the 3 dose to 4 dose schedule.

The booster dose of vaccine was no longer deferred beginning with July 2009, however, it was decided that children who had missed their final dose, could receive the booster at their next regular office visit and not ask the providers to do a mass recall to immunize the children.

Section Number: Form11_State Performance Measure #7

Field Name: SM7 **Row Name:** Column Name: Year: 2008 Field Note:

Medical Home Indicator Measure (Comprehensive)

2008: The decline of this state performance measure is due to the on going national shortage of HIB and RI Immunization Program switching to 3 doses of HIB in the later part of 2007.

These factors account for the temporary decline of the immunization rates in 2008 and will impact future years. The rate when only 2 doses of HIB are considered is 47.6% for 2008.

All children with a most recent address of RI, who have had at least one immunization reported to KIDSNET by a Primary Care Provider are included in this measure. The numerator includes those who have had at least one lead test and completed the 4:3:1:3 (DTP, Polio, MMR, Hib) immunization series by their second birthday. This year's data includes children who were born in 2006 and turned 2 during 2008.

Section Number: Form11_State Performance Measure #7

Field Name: SM7 **Row Name:** Column Name: Year: 2007 Field Note:

Medical Home Indicator Measure (Comprehensive) See Note for 2006 for complete description.

The numerator includes those who have had at least one lead test and completed the 4:3:1:3 (DTP, Polio, MMR, Hib) immunization series by their second birthday. This year's data includes children who were born in 2005and turned 2 during 2007 and shows only 50% of children with both the immunization series and a lead test by the second birthday.

STATE PERFORMANCE MEASURE #8 - REPORTING YEAR

Percent of at-risk newborns who live in a neighborhood or community with MCH community systems building partnerships

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		35.5	35.5	36.4	36.6		
Annual Indicator	34.4	35.0	36.4	36.5	37.0		
Numerator	2,395	2,486	2,685	2,580	2,532		
Denominator	6,965	7,112	7,379	7,076	6,840		
Data Source Is the Data Provisional or Final?				Providence Plan Final	Providence Plan Provisional		

Annual Objective and Performance Data

2	2010	2011	2012	2013	2014
Annual Performance Objective	36.8	37.2	37.2	37.4	

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are

Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may

Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #8

Field Name: SM8 Row Name: Column Name: Year: 2009 Field Note:

While data are estimated, the Department of Health believes that the percent of at risk newborns living in a neighborhoods with MCH partnerships has slightly increased as a result of expansion in community partnerships activities.

2. Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2008 Field Note:

While data are estimated.

Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2007 Field Note:

2007 data are estimated.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Percent of licensed child care providers with on-site health consultants

		Annual Objective and Performance Data						
	2005	2006	2007	2008	2009			
Annual Performance Objective		30	35	40	39			
Annual Indicator		35.0	38.0	38.0	37.7			
Numerator		148	162	145	155			
Denominator		423	426	382	411			
Data Source Is the Data Provisional or Final?				Phone Survey Final	Phone Survey Final			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 40 45 45 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2009 Field Note:

The department of HEALTH began supporting child care providers to have on site health consultants in 2007.

Results for this State Performance Measure were obtained from a phone survey conducted in December 2009. Results indicate that the percent of licensed child care providers with on-site health consultants remained the same .

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2008 Field Note:

The department of HEALTH began supporting child care providers to have on site health consultants in 2007.

Results for this State Performance Measure were obtained from a phone survey conducted in February 2009. Results indicate that the percent of licensed child care providers with on-site health consultants remained the same for 2007 and 2008.

3. Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2007 Field Note:

Results are from a phone survey conducted of licensed child care providers in March 2008.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

	Annual Objective and Performance Data							
2	2005	2006	2007	2008	2009			
Annual Performance Objective		25.7	25.5	24.2	24.2			
Annual Indicator	25.7	25.7	23.6	23.6	25.0			
Numerator	12,896	12,896	11,392	11,392	12,900			
Denominator	50,241	50,241	48,325	48,325	51,599			
Data Source Is the Data Provisional or Final?				YRBS Survey Final	YRBS Survey Final			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 **Annual Performance Objective** 24.8 24.8 24.8 24.8

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #10

Field Name: SM10 **Row Name:** Column Name: Year: 2009 Field Note:

Results for 2009 are from the YRBS conducted in 2009.

The result for this SPM has remained about the same since 2001.

Section Number: Form11_State Performance Measure #10

Field Name: SM10 **Row Name:** Column Name: Year: 2008 Field Note:

Since the YRBS is conducted every other year, data for 2008 are estimated to be the same as 2007 The slight decline when comparing YRBS 2005 and YRBS 2007 is not

Section Number: Form11_State Performance Measure #10

Field Name: SM10 **Row Name:** Column Name: Year: 2007 Field Note:

Data from YRBS for 2007.

STATE PERFORMANCE MEASURE # 11 - REPORTING YEAR

Percent of families of CSHCN served by the Pediatric Practice Enhancement Project (PPEP).

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective				6	7.7		
Annual Indicator	1.8	3.1	5.3	7.6	10.0		
Numerator	740	1,292	2,200	3,209	4,233		
Denominator	41,783	41,783	41,783	42,227	42,227		
Data Source				Pediatric Practice Enhancement Project	Pediatric Practice Enhancement Project		
Is the Data Provisional or Final?				Final	Final		

Annual Objective and Performance Data

2011 2014 2010 2012 2013 7.7 6.9 7.2 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #11

Field Name: SM11 **Row Name:** Column Name: Year: 2009 Field Note:

The percent of families with CSHCN served by the Pediatric Practice Enhancement Project (PPEP) increased to 10% in 2009.

Since the inception of the PPEP in 2004, the number of practices and families served has grown on an annual basis. Children and youth with special healthcare needs and their families participating in the PPEP receive peer support, assistance in accessing community resources and identify barriers to an integrated system of care. An analysis of the PPEP revealed that PPEP participants utilize more healthcare at overall lower healthcare costs, since they use less institutional level care and more outpatient services.

Section Number: Form11_State Performance Measure #11

Field Name: SM11 Row Name: Column Name: Year: 2008 Field Note:

The percent of families with CSHCN servied by the Pediatric Practice Enhancement Project (PPEP) increased to 7.6% in 2008.

Since the inception of the PPEP in 2004, the number of practices and families served has grown on an annual basis.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: RI

Form Level Notes for Form 12

Data for 2008 have been updated and 2009 data are provisional. All outcome measures reflect Rhode Island resident data. Mother's race is used for infant mortality rates by race. If mother's race is unknown then Infant's race listed on the death file is used. Data Source for the Outcome Measures are Vital Records Birth, Death and Fetal Death Files.

OUTCOME MEASURE # 01					
The infant mortality rate per 1,000 live births.					
		Annual C	bjective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	6.1	6.2	6.2	6.7	5.7
Annual Indicator	6.5	6.0	7.3	5.9	5.9
Numerator	82	74	90	71	67
Denominator	12,690	12,370	12,365	12,031	11,416
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual C	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	5.7	5.9	6.3	6	6
Annual Indicator					
Numerator	Please fill in only the not required for fut	ne Objectives for the a	bove years. Numerat	or, Denominator and	Annual Indicators are
Denominator		are year data.			

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01 Row Name: Column Name: Year: 2009 Field Note:

Data for 2009, while provisional, indicate that infant mortality rate stayed at 5.9%.

2. Section Number: Form12_Outcome Measure 1 Field Name: OM01

Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 indicate that infant mortality rate is declining. However, small numbers impact results and final results may differ. Since 2000, infant mortality for 2007 at 7.3 was the highest and 2004 was the lowest at 5.3.

The ratio of the black infant mortality rate to the white infant mortality rate	ate.				
, , , , , , , , , , , , , , , , , , , ,	4.0.	Annual (Objective and Perform	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	2.2	2.5	2.5	2.5	2.5
Annual Indicator	2.9	2.1	2.2	1.8	2.4
Numerator	14.3	11.1	13.9	9.7	12.1
Denominator	5	5.4	6.4	5.3	5.1
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perform	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	2.3	2.3	2.3	2.2	2.1
	Please fill in only th		above years. Numerate	tor, Denominator and	Annual Indicators a

1. Section Number: Form12_Outcome Measure 2 Field Name: OM02

Field Name: OM02 Row Name: Column Name: Year: 2009 Field Note:

2009: Rhode Island implemented the multiple race options starting with October 2008. The result of the multiple race option is that 20% of women giving birth in 2009 selected the race 'other'. The greatest implact was to reduce the percent of women that previously identified themselves as 'white'.

The reduction in women identifing themselves as 'white' along with the small number of infant deaths could have contribute to the ratio of 2.4 in 2009.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02 Row Name: Column Name: Year: 2008 Field Note:

Data for 2008: The ratio of the black infant mortality rate to the white infant mortality rate continues to be twice as high.

OUTCOME MEASURE # 03					
The neonatal mortality rate per 1,000 live births.					
		Annual C	Objective and Perform	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	4.8	4.8	4.8	5.2	4.2
Annual Indicator	5.0	4.9	5.4	4.4	4.6
Numerator	r <u>64</u>	60	67	53	52
Denominator	r 12,690	12,370	12,365	12,031	11,416
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.	! 				
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?	•			Provisional	Provisional
			Objective and Perform		
	2010	2011	2012	2013	2014
Annual Performance Objective	4.1	5	5	4.5	4.5
Annual Indicator Numerator	Please fill in only th not required for futu		ibove years. Numerat	or, Denominator and	Annual Indicators are
Denominator					

1. Section Number: Form12_Outcome Measure 3 Field Name: OM03

Field Name: OM03 Row Name: Column Name: Year: 2009 Field Note:

Provisional data for 2009 indicates a slight increase in neonatal mortality rate . The three year average [2007 - 2009] indicate that neonatal mortality rate is 4.8% compared 4.9% for 2006 - 2008.

2. Section Number: Form12_Outcome Measure 3

Field Name: OM03 Row Name: Column Name: Year: 2008

Field Note:

Data for 2008 indicate that neonatal mortality rate is declining. However, in Rhode Island, small numbers impact results. The three year average [2006 - 2008] indicate that neonatal mortality rate is 4.9%.

OUTCOME MEASURE # 04					
OUTCOME MEASURE # 04 The postneonatal mortality rate per 1,000 live births.					
The positieoriatal mortality rate per 1,000 live births.		Annual C	Objective and Perform	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	1.5	1.4	1.4	1.7	1.5
Annual Indicator	1.4	1.1	1.9	1.5	1.3
Numerator	18	14	23	18	15
Denominator	12,690	12,370	12,365	12,031	11,416
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual C	Objective and Perform	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1.2	1.2	1.4	1.4	1.4
Annual Indicator Numerator Denominator	Please fill in only the not required for future	ne Objectives for the a ure year data.	bove years. Numerat	or, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Nate: Field Note:

Provisional data for 2009 indicate that postneonatal mortality rate has declined from 1.9 per 1,000 in 2007 to 1.3 in 2009.

2. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 indicate that postneonatal mortality rate is declining.

OUTCOME MEASURE # 05					
The perinatal mortality rate per 1,000 live births plus fetal deaths.					
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6.2	6.4	6.4	5.1
Annual Indicator	7.1	6.4	6.5	5.1	5.7
Numerator	97	85	85	66	69
Denominator	13,617	13,299	13,176	12,832	12,142
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	5.5	5.3	5.3	5.5	5.3
Annual Indicator Numerator Denominator	Please fill in only the not required for fut-	he Objectives for the a ure year data.	above years. Numerat	tor, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 5 Field Name: OM05

Field Name: OM05 Row Name: Column Name: Year: 2009 Field Note:

Provisional data for 2009 indicate that perinatal mortality rate increased from 5.1 per 1,000 in 2008 to 5.7 in 2009. However, overall, the perinatal mortality rate has been decreasing since 2005 when it was 7.1 per 1,000.

2. Section Number: Form12_Outcome Measure 5 Field Name: OM05

Field Name: OM Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 indicate that perinatal mortality rate is declining.

OUTCOME MEASURE # 06					
The child death rate per 100,000 children aged 1 through 14.					
,		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	14.8	14.8	13.5	12.5	10.5
Annual Indicator	19.3	15.5	8.8	13.3	13.3
Numerator	36	28	16	23	23
Denominator	186,886	181,152	181,152	173,303	173,303
Data Source				Vital Records	Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annual C</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	12.2	12.2	12.2	10.5	10.5
Annual Indicator Numerator Denominator	Please fill in only th	ne Objectives for the a ure year data.	above years. Numera	or, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 6 Field Name: OM06

Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:

Provisional data indicate that the death rate for children aged 1 through 14 remained the same for both 2008 and 2009 at 13.3 per 100,000.

Denominator for Populaiton Estimate: 2008.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 indicate a increase in death rate for children aged 1 through 14.

Denominator for Populaiton Estimate: 2008.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2007 Field Note:

2000 US Population Census was used for 2003.

2005 RI Statewide Projections were used for 2004 and 2005. 2006 US Census estimates were used for 2006 and 2007.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: RI

Form Level Notes for Form 12

Data for 2008 have been updated and 2009 data are provisional. All outcome measures reflect Rhode Island resident data. Mother's race is used for infant mortality rates by race. If mother's race is unknown then Infant's race listed on the death file is used. Data Source for the Outcome Measures are Vital Records Birth, Death and Fetal Death Files.

CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS STATE: R1 1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate. 3 2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups. 3 3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process. 3 4. Family members are involved in service training of CSHCN staff and providers. 2 5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member). 3 6. Family members of diverse cultures are involved in all of the above activities. 2 Total Score: 16 Rating Key 0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

FORM NOTES FOR FORM 13

Twenty - two parent consultants completed Form13. All parent consultants had a least 1 year with RIPIN and the special needs programs. The average score for each question was entered in Form 13.

RIPIN Parent Consultants are placed all over the state to work with families through Early Intervention programs, pediatric practices, at Hasbro Children's Hospital and within the RI Department of Health working on specific initiatives such as immunization, lead, and children with special health care needs. Parent Consultants are parents or family members of a child who accessed some kind of specialized service or program in the state. Many are parents of children with special needs

The Pediatric Practice Enhancement Project [PEPP] supports pediatric primary and specialty practices in providing care to children with special health care needs and their families within a medical home. The PPEP places and supports trained parent consultants in primary and specialty care to link families with community resources, access specialty services, assist physicians in providing family centered care, and identifying systems barriers to coordinated care.

FIELD LEVEL NOTES

None

FORM 14 LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: RI FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

- 1. Improve family involvement and support by increasing capacity and access to evidence based parent education and family support programs
- 2. Promote health and wellness by reducing tobacco initiation among middle school students
- 3. Improve access to medical homes by increasing the percentage of adolescents who have a preventive "well care" visit each year
- 4. Promote health and wellness by decreasing the percentage of high school students with disabilities who report feeling sad or hopeless
- 5. Improve access to medical homes by increasing the percentage of women who have a preventive "well care" visit in the past year
- 6. Improve birth outcomes by initiating a prenatal home visiting program
- 7. Strengthen partnerships, coordination, and integration by establishing Memoranda of Understanding with State Departments that support maternal and child health related efforts.
- 8. Build family capacity to support infants, children and adolescents by promoting the use of evidence based programs to support parents and families
- 9. Build RI public health infrastructure to reduce health disparities and build health equity by adopting social determinants of health into public health practice
- 10.

FORM NOTES FOR FORM 14
None

FIELD LEVEL NOTES

None

FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST

STATE: RI APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Develop and improve adolescent medical homes in RI. Request professional delveopment on reosurces such as Bright Futures and other tools through AAP such as the mental health toolkit.	Technical assistance is needed to make use of existing tools to build local capacity to support medical homes.	ААР
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Support local partners in implemeniting the NHLBI's evidence based We can Energize Our Families childhood obesity prevention program.	Technical assistance is needed to help build capacity of local partners to address childhood obesity using evidence based practices.	To be determined
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		

FORM NOTES FOR FORM 15

FIELD LEVEL NOTES

None

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: RI

SP(Reporting Year) # 1

PERFORMANCE MEASURE: Percent of PRAMS population who had a diagnosis of depression before or during pregnancy.

STATUS: Activ

GOAL To improve maternal health and birth outcomes

DEFINITION

Numerator:

Weighted number of PRAMS respondents with diagnosed depression

Denominator:

Weighted PRAMS population
Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)

SIGNIFICANCE

Research has shown that approximately one in five women experience perinatal depression and Rhode Island PRAMS data also reflect this statistic. Women with perinatal depression are also at a higher risk for poor birth outcomes. Identifying women with depression and understanding their characteristics and experiences should lead to program

enhancements and policies resulting in earlier identification and referrals.

SP(Reporting Year) #_

PERFORMANCE MEASURE: Percent of children aged 2-5 enrolled in the WIC Program with BMI's >=95th percentile

STATUS:

GOAL To improve children's health and development

DEFINITION Overweight is defined as having a Body Mass Index (BMI) at or above the 95th percentile

Children aged 2-5 enrolled in the WIC Program with a BMI greater at or above the 95th percentile

Denominator:

Total number of children aged 2-5 enrolled in the WIC Program

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Rhode Island WIC data system

SIGNIFICANCE

The percentage of children who are overweight has been rising both at the national and state level. Overweight children are at a higher risk for physical and psychosocial problems. Rhode Island WIC data have shown that more than one five children aged 2-5 are overweight.

SP(Reporting Year) # 3

PERFORMANCE MEASURE: Percent of Rhode Island resident families with at-risk newborns that received a home visit from the Family Outreach

Program within the newborn period (<=90 days)

STATUS: Ac

GOAL To reduce risks among newborns and their families

DEFINITION

Numerator:

Number of at-risk newborns who received a home visit

Denominator:

Total number of at-risk newborns
Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Universal Newborn Developmental Risk Screening, Family Outreach and KIDSNET data systems.

Access to a broad range of health and family support services is critical to helping children grow into strong, healthy, and productive adults. Children are at increased risk if their parents or caretakers are overwhelmed by multiple problems such as inadequate income, lack of a job or a decent place to live, emotional stress, isolation from extended family or friends, drug and/or alchol abuse, mental illness or domestic violence. Many parents lack essential parenting skills and are struggling with a combination of social and economic issues. Families benefit from access to comprehensive services that

are able to flexibly respond to their needs.

SP(Reporting Year) #_____4

PERFORMANCE MEASURE: Percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10ug/dL

STATUS: Active

GOAL To reduce lead poisoning among children aged less than 6

DEFINITIONRhode Island has identified the following six core cities based on the proportion of children living in poverty: Central Falls,

Newport, Pawtucket, Providence, West Warwick and Woonsocket.

Numerator

Number of children aged less than 6 living in the core cities with blood lead levels at or above 10ug/dL

Denominator:

Total number of children aged less than 6 living in the core cities that were screened for lead poisoning

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE 8-11. Elevated blood lead levels in children

Eliminate elevated blood lead levels in children

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Lead Elimination Surveillance System(LESS)and KIDSNET data systems

Severe lead poisoning can lead to profound mental retardation, coma, seizures and death. Even low levels of exposure can impair central nervous system function causing delayed cognitive development, hearing problems, growth retardation, and metabolic disorders. Homes and play areas, particularly in substandard housing areas remain a significant source of lead in children's blood. The chief sources of lead exposure are thought to be old flaking lead-based paint, dust and soil. Lead poisoning is more prevalent among children living in poverty, often in inner cities, than among those in higher socioeconomic levels. In Rhode Island, lead poisoning rates are highest among children who reside in the core cities.

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SP(Reporting Year) #_

PERFORMANCE MEASURE: Ratio of the Black or African American prematurity rate to the White prematurity rate

STATUS: Active

GOAL To reduce prematurity and eliminate disparities in prematurity rates

DEFINITION Prematurity will be measured by physician estimate of gestational age at birth.

Numerator:Percent of Black or African American babies with gestational ages of less than 37 weeks

Denominator:

Percent of White babies with gestational ages of less than 37 weeks

Units: 1 Text: Ratio

16.11 Reduce preterm births **HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce total preterms births to 7.6%

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Birth File, Rhode Island Vital Statistics. Physician's estimate used and not LMP.

Preterm births are the leading cause of infant mortality in Rhode Island. Babies born prematurely are more likely to have complications such as, breathing/lung problems, heart problems, anemia, jaundice, infections, etc. Among racial and ethnic groups, Black or African American women have the highest rate of preterm births.

SP(Reporting Year) #

PERFORMANCE MEASURE: Percent of children (who have had at least one immunization from a primary care provider) with complete immunization

series (4:3:1:3) and at least one lead screening by age 2

STATUS:

GOAL To assure the all children have a medical home and receive preventive services

DEFINITION

Numerator:

Number of two year-old children with complete immunization series (4:3:1:3) and at least one lead screening

Denominator:

Number of two year-old children with at least one immunization from a primary care provider

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

KIDSNET data system. Since not all providers participate in KIDSNET, the denominator requires that children have at least **DATA SOURCES AND DATA ISSUES**

one immunization.

SIGNIFICANCE

Children are more likely to receive preventive, specialty and other necessary services if they have a medical home. According to the AAP a medical home should be: accessible, familiy centered, continuous, comprehensive, compassionate, culturally effective, and coordinated.

SP(Reporting Year) #

PERFORMANCE MEASURE: Percent of at-risk newborns who live in a neighborhood or community with MCH community systems building partnerships

STATUS: Active

GOAL To measure the impact of community systems on at-risk newborns

DEFINITION

Numerator:Number of at-risk newborns living in neighborhoods or communities with MCH community building partnerships

Denominator:

Number of at-risk newborns Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Newborn Developmental Risk Screening Program data system; CATCH program data

SIGNIFICANCE

Community systems building partnerships develop and support maternal and child health system assessment and strategic planning in high need communities in Rhode Island. Through collaboration with the AAP CATCH initiative, the Division of Family Health supports projects that focus on improving medical homes. A new maternal health systems project plans to improve the system of care for women in their childbearing years.

SP(Reporting Year) #_

PERFORMANCE MEASURE: Percent of licensed child care providers with on-site health consultants

STATUS: Active

GOAL Survey licensed child care providers.

DEFINITION

Numerator: Number of licensed child care providers with on-site health consultants

Denominator:Number of all licensed child care providers

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Survey

SIGNIFICANCE

The state Title V agencies in federal Region I have chosen to focus their collective assets regarding child care health consultants (CCHC). CCHC's improve the general health and safety of children in child care and promote the development of children in other domains—e.g., socio-emotional development, cognitive development, etc. This indicator is used by all NE States, but each state may develope it's own tool to measure the success of their efforts.

SP(Reporting Year) # 10

PERFORMANCE MEASURE: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped

doing some usual activities during the past 12 months.

STATUS:

GOAL The Goal is to address social, emotional and behavioral health needs of the MCH population.

DEFINITION

Numerator:

Weighted number of students who felt sad or hopeless

Denominator:

Weighted total number of respondents

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE None

The data source is the Youth Risk Behavior Survey [YRBS]. Data limitations: (1) survey is conducted every other year (2) **DATA SOURCES AND DATA ISSUES** survey conducted only in public high schools [9-12th grades] and CSHCN are not included. (3) participating in the survey is

Identifying and meeting the emotional and behavioral health needs of children is critical for their success. In addition, adequate capacity to address the mental health needs remains a statewide concern. **SIGNIFICANCE**

SP(Reporting Year) # 11

PERFORMANCE MEASURE: Percent of families of CSHCN served by the Pediatric Practice Enhancement Project (PPEP).

STATUS: Activ

GOAL To build a connected community system of services for families raising CSHCN through the placement of trained parents of

CSHCN throughout the health care delivery system. These parents help other families navigate the service delivery system and link them with community resources, assist physicians and families in accessing specialty services, and identify barriers

to coordinated care.

DEFINITION The number of families served by PPEP among the estimated number of CSHCN.

Numerator:

Number of families served by PPEP

Denominator: Number of CSHCN Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pediatric Practice Enhancement Project (numerator) National Survey CSHCN (denominator)

SIGNIFICANCE

The complex medical and social needs of children with special health care needs make it essential that they are cared for within a community system of services. Families raising children and youth with special needs struggle to navigate systems concerning health care, insurance, education, and a variety of home and community based services. Families and providers in RI have consistently reported difficulties navigating the service delivery system and accessing prescribed services

FORM 17 HEALTH SYSTEMS CAPACITY INDICATORS FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA STATE: RI

Form Level Notes for Form 17

HEALTH SYSTEMS CAPACITY MEASURE # 01

None

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.						
			Annual Indicator D	<u>ata</u>		
	2005	2006	2007	2008	2009	
Annual Indicator	79.9	47.7	42.3	49.9	49.9	
Numerator	512	294	260	304	304	
Denominator	64,080	61,572	61,397	60,934	60,934	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final? Provisional Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2009 Field Note:

Data for 2009 are estimated and Denominator from the US Census Estimates

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2008 Field Note:

2008: Based on the 95% CI for the pediatric asthma hospitalization rates of Rhode Island children aged 0-4 for 2006, 2007 and 2008, the rate has remained stable. There has been no significant increase and no significant decrease.

Data for 2008 are provisional and Denominator from the US Census Estimates.

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2007 Field Note:

2007: Data reflect children aged 0 - 4.

Denominator from the US Census Estimates.

A change in the reporting method resulted in a lower number of events in the numerator. Prior to 2006, more than the primary diagnosis was used to identify children hospitalized for asthma. As of 2006, only the principal diagnosis is used. The CDC Asthma Control Program mandates that pediatric asthma hospitalizations, emergency department visits, and deaths, use the primary reason only.

Based on modified rates for for 2005 - 2007, the rate has remained stable.

he percent Medicaid enrollees whose age is less than one year during			Annual Indicator Da	ata	
2	005	2006	2007	2008	2009
Annual Indicator	93.8	91.0	89.7	88.9	90.1
Numerator _	12,274	11,717	11,968	11,674	11,900
Denominator	13,081	12,878	13,342	13,135	13,204
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #02

HEALTH SYSTEMS CARACITY MEASURE # 02

Field Name: HSC02 Row Name: Column Name: Year: 2009 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health. Data for 2009 shows a slight increase in the percent of enrollees with at least one initial periodic screen compared to 2008.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2008 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health. Data continues to show a decline since 2005. In 2005 the percent of enrollees with at least one initial periodic screen was 93.8 compared to 88.9 for 2008.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2007 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health and indicate a decline in the percent of Medicaid enrollees less than 1 year old who received at least one intial periodic screen. Decline might be due to the enrollment of infants into the RIte Care Plan.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	100.0	0.0	0.0	0.0	90.0
Numerator	1	0	0	0	2,971
Denominator	1	1	1	1	3,301
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2009 Field Note:

Starting with 2009, Rhode Island children aged 0-8 were covered by CHIP [SCHIP].

Data are provided by RI Department of Human Services the Center for Child and Family Health and are estimated.

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 **Row Name:** Column Name: Year: 2008 Field Note:

In Rhode Island, children in SCHIP are aged 8-18. Infants and

children less then 8 years old are enrolled in our Medicaid Managed Program [RiteCare]. This Health Systems Capacity Indicator does not apply to Rhode Island.

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2007 Field Note:

In Rhode Island, children in SCHIP are aged 8-18. Infants and

children less then 8 years old are enrolled in our Medicaid Managed Program [RiteCare]. This Health Systems Capacity Indicator does not apply to Rhode Island.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	81.4	76.0	76.3	77.8	77.4
Numerator	9,311	8,915	8,970	8,789	8,308
Denominator	11,441	11,733	11,763	11,295	10,735
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2009 Field Note:

Data for 2009 is provisional and shows the trend in the percent of women excepted to have prenatal visits greater than or equal to 80 percent to remain the same as 2008.

. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 shows a increase in the percent of women excepted to have prenatal visits greater than or equal to 80 percent on the Kothechuck Index.

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2007 Field Note:

Data reflects calendar year and remained about the same as in 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 07A Percent of potentially Medicaid-eligible children who have received a	service paid by the N	Medicaid Program.			
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	85.1	82.9	84.1	82.4	83.2
Numerator	91,144	90,731	88,641	84,717	89,746
Denominator	107,144	109,411	105,365	102,774	107,887
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?					Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2009 Field Note:

Data is are estimated.

Source of data: Department of Human Services and reported in 2010 Rhode Island Kids Count Factbook. Data is reporting children under the age of 19 receiving Medical Assistance

2. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2008 Field Note:

Data is are estimated.

Source of data: Department of Human Services and reported in 2009 Rhode Island Kids Count Factbook. Data is reporting children under the age of 19 receiving Medical Assistance.

3. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2007 Field Note:

Data is are estimated.

Source of data: Department of Human Services and reported in 2008 Rhode Island Kids Count Factbook. Data is reporting children under the age of 19 receiving Medical Assistance.

HEALTH SYSTEMS CAPACITY MEASURE # 07B					
The percent of EPSDT eligible children aged 6 through 9 years who h	ave received any de	ntal services during t	he year.		
			Annual Indicator Da	<u>ıta</u>	
	2005	2006	2007	2008	2009
Annual Indicator	58.7	62.0	67.5	70.5	70.4
Numerator	12,033	12,392	13,043	14,976	12,857
Denominator	20,484	19,976	19,309	21,250	18,254
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2009 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health. Approximately 70% of Medicaid children age six through nine receiving dental care in 2009.

Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2008 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health. This indicator's upward trend continues in 2008, with approximately 70% of Medicaid children age six through nine receiving dental care.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2007 Field Note:

Data are provided by RI Department of Human Services the Center for Child and Family Health. The upward trend for this indicator went from 62.0% in 2006 to 67.5%.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	7.9	0.0	0.0	0.0	0.0
Numerator	296	0	0	0	0
Denominator	3,768	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Final	Final
Is the Data Provisional or Final?)			Final	Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2009 Field Note:

Please note that this health system capacity indicator does not apply to Rhode Island.

The Rhode Island Department of Health has not in the past year paid for any rehabilitation services through the CSHCN Program for three primary reasons. (1) The Early Intervention Program [EI] transferred to the Department of Human Services and a private insurance mandate passed in 2005. (2) The State in late 2005, eliminated carve-out funding of services for children and youth with complex special needs, and requested insurers to reimburse for these services. (3) SSI recipients are enrolled in Medicaid which funds rehabilitation services

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2008 Field Note:

Please note that this health system capacity indicator does not apply to Rhode Island.

See Note in 2007 for complete explanation.

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2007 Field Note:

Please note that this health system capacity indicator does not apply to Rhode Island.

The Rhode Island Department of Health has not in the past year paid for any rehabilitation services through the CSHCN Program for three primary reasons. (1) The Early Intervention Program [EI] transferred to the Department of Human Services and a private insurance mandate passed in 2005. (2) The State in late 2005, eliminated carve-out funding of services for children and youth with complex special needs, and requested insurers to reimburse for these services. (3) SSI recipients are enrolled in Medicaid which funds rehabilitation services.

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #05 (MEDICAID AND NON-MEDICAID COMPARISON) STATE: RI

INDICATOR #05 Comparison of health system capacity	V=15			POPULATION	
indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2008	Payment source from birth certificate	9.2	6.4	8
b) Infant deaths per 1,000 live births	2008	Payment source from birth certificate	6.7	4.8	5.9
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	Payment source from birth certificate	74.1	88.9	81.9
d) Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	Payment source from birth certificate	69.5	85.2	77.8

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL) STATE: RI

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2009	250
b) Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	100
c) Pregnant Women	2009	185

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: RI

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2009	133_
b) Medicaid Children (Age range 1 to 8) (Age range 8 to 18) (Age range to)	2009	133 250
c) Pregnant Women	2009	250_

FORM NOTES FOR FORM 18

HSCI: #06 - Some eligibility levels changed in 2009:

Medicaid eligibility levels:

Infants qualify if <250% of Poverty Level.

Children (1-18) qualify if <100% of Poverty Level. Pregnant/Postpartum Women qualify if < 185% of Poverty Level.

SCHIP [CHIP] eligibility levels:

Infants qualify for partial funding if > 133% Poverty Level Children (1-8) qualify for partial funding if > 133% Poverty Level

Children (8-18) qualify if 100 - 250% Poverty Level

Pregnant/Postpartum Women (8-18) qualify if 185-250% of Poverty Level.

Families with incomes > 150% of Poverty Levels are subject to a family partial premium. Threshold increases to 185% for families consisting only of pregnant women and infants

FIELD LEVEL NOTES

Section Number: Form18_Indicator 06 - Medicaid

Field Name: Med_Infant Row Name: Infants Column Name: Year: 2011 Field Note:

Medicaid eligibility levels:

Infants qualify if <250% of Poverty Level.

Children (1-18) qualify if <100% of Poverty Level.

Pregnant/Postpartum Women qualify if < 185% of Poverty Level.

Section Number: Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Infant Row Name: Infants Column Name: Year: 2011 Field Note:

SCHIP [CHIP] eligibility levels:

Infants qualify for partial funding if > 133% Poverty Level Children (1-8) qualify for partial funding if > 133% Poverty Level Children (8-18) qualify if 100 - 250% Poverty Level

Pregnant/Postpartum Women (8-18) qualify if 185-250% of Poverty Le

Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name: Year: 2011 Field Note:

There are a total of 958 Resident infants born in 2008 weighting It 2500 grams. Of the 958 LBW infants, insurance at birth was unknow for 24.

Section Number: Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name: Year: 2011

Since 2000, Rhode Island's Resident Infant Mortality was it's lowest in 2004 at 5.3%. Provisional data for 2008 indicate that RI's infant mortality rate has declined to 5.9% compared to 7.3% for 2007.

Of the 71 infant deaths for 2008, insurance status for 4 infant deaths was unknown.

Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name: Year: 2011 Field Note:

Total number of Rhode Resident moms receiving prenatal care in the first trimester in 2008 is 9539. Insurance status is unknown for 311 of these moms.

Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name: Year: 2011 Field Note:

For 2008, insurance status was missing for 289 women of the 8789 women that received adequate prenatal care using the Kotelchuck Index.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: RI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

- 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: RI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)		
Youth Risk Behavior Survey (YRBS)	3	Yes		
Other: School Accountability for Learning and Teaching [SAL1	3	No		
Youth Tobacco Survey	3	No		

*Where: 1 = No

2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

2009: Databases or survey linkages have not changes. Rhode Island Department of Health has access to and the ability to generate data from all the sources listed except for Medicaid eligibility\claims, the School Accountability for Learning and Teaching and the Youth Tobacco Survey.

Youth Tobacco Survey began in 2001 and is conducted every two years.

FIELD LEVEL NOTES

None

FORM 20 HEALTH STATUS INDICATORS #01-#05 MULTI-YEAR DATA STATE: RI

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A						
The percent of live births weighing less than 2,500 grams.						
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	7.8	8.0	8.1	8.0	8.0	
Numerator	992	992	997	958	911	
Denominator	12,690	12,370	12,371	12,031	11,416	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! !					
Is the Data Provisional or Final?	•			Provisional	Final	

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Field Name: HS Row Name: Column Name: Year: 2009 Field Note:

Rhode Island's percent of LBW infants continues to remain at about 8%.

2. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Row Name: HSII Column Name: Year: 2007 Field Note:

Data for 2007 shows an slight increase in the percent of LBW babies compared to 2006.

HEALTH STATUS INDICATOR MEASURE # 01B							
The percent of live singleton births weighing less than 2,500 grams.							
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	5.8	6.3	6.4	6.2	6.0		
Numerator	704	742	759	717	656		
Denominator	12,175	11,870	11,936	11,579	10,951		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B Row Name: Column Name: Year: 2009 Field Note:

Data for 2009 continues to shows a slight decrease of LBW singleton births since 2007.

2. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B

Field Name: HSI01B Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 shows a slight decrease of LBW singleton births compared to 2007.

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 shows a slight increase of LBW singleton births, 6.4% compared to 6.3% for 2006.

HEALTH STATUS INDICATOR MEASURE # 02A					
The percent of live births weighing less than 1,500 grams.					
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	1.6	1.6	1.7	1.4	1.7
Numerator	198	193	216	172	195
Denominator	12,690	12,370	12,371	12,031	11,416
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Provisional	Provisional

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2009 Field Note:

Rhode Island's percent of VLBW infants increased slightly in 2009 to 1.7% compared to 1.4% in 2007.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name:

Column Name: Year: 2008 Field Note:

Data for 2008 shows a decline of VLBW infants to 1.4% compared to 1.7% in 2007.

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A Row Name: Column Name: Year: 2007 Field Note:

Rhode Island's percent of VLBW infants increased slightly in 2007 to

1.7% compared to 1.6% in 2006.

HEALTH STATUS INDICATOR MEASURE # 02B					
The percent of live singleton births weighing less than 1,500 grams.					
			Annual Indicator Da	<u>nta</u>	
	2005	2006	2007	2008	2009
Annual Indicator	1.2	1.2	1.2	1.0	1.2
Numerator	145	143	149	119	133
Denominator	12,175	11,870	11,936	11,579	10,951
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional

Section Number: Form20_Health Status Indicator #02B
 Field Name: HSI02B
 Pour Name: HSI02B

Row Name: Column Name: Year: 2009 Field Note:

Rhode Island's percent of singleton VLBW infants has been around 1.2% since 2005.

2. Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B

Row Name: Column Name:
Year: 2007
Field Note:
2007: The percent of singleton VLBW infants remains at 1.2%.

HEALTH STATUS INDICATOR MEASURE # 03A					
The death rate per 100,000 due to unintentional injuries among childre	en aged 14 years an	d younger.			
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	5.0	3.5	2.9	2.7	2.7
Numerator	10	21	17	5	5
Denominator	199,674	592,741	586,460	185,916	185,916
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix 12.)				Provisional	
Is the Data Provisional or Final?				Provisional	Provisional

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2009 Field Note:

The death rate due to unintentional injuries among children aged 0-14 remained the same at 2.7 per 100,000 for both 2008 and 2009.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2008 Field Note:

The death rate due to unintentional injuries among children aged 0-14 remained about the same with 2.9 per 100,000 for 2007 and 2.7 per 100,000 for 2008

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 reflects a 3 year average [2005-2007] and the denominator includes children aged 0-14.

Data for 2007 was 3 cases and population was 193,393.

The 3 year average shows that deaths due to unintentional injuries among children aged 0-14 declined from 3.5 per 100,000 to 2.9 per 100,000.

HEALTH STATUS INDICATOR MEASURE # 03B					
The death rate per 100,000 for unintentional injuries among children a	aged 14 years and yo	ounger due to motor v	vehicle crashes.		
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicator	2.5				
Numerator	5				
Denominator	199,674	193,393	193,393	185,916	185,916
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B **Row Name:** Column Name: Year: 2009 Field Note:

Data for 2009 reports 1 unintentional motor vechicle deaths.

Data reflect unintentional motor vechicle deaths to children aged 0 - 14.

Denominator from Population Estimates for 2008.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B **Row Name:** Column Name: Year: 2008 Field Note:

Data for 2008 reports no [0] unintentional motor vechicle deaths.

Data reflect unintentional motor vechicle deaths to children aged 0 - 14. Denominator from Population Estimates for 2008.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 reports only 3 unintentional motor vechicle deaths.

Data reflect unintentional motor vechicle deaths to children aged 0 - 14.

Denominator from the US Census Estimates.

HEALTH STATUS INDICATOR MEASURE # 03C							
The death rate per 100,000 from unintentional injuries due to motor vi	ehicle crashes amon	g youth aged 15 thro	ugh 24 years.				
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	13.9	14.4	12.5	11.5	11.5		
Numerator	22	23	20	18	18		
Denominator	158,534	160,131	160,131	157,126	157,126		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	! :						
Is the Data Provisional or Final?	•			Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2009 Field Note:

Data reflects the same rate of unintentional deaths involving a motor vechile at 11.5 per 100,000 for both 2008 and 2009.

Denominator from the Population Estimates - 2008.

Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2008 Field Note:

Data for 2008 reflects a slight decline in the rate of unintentional deaths involving a motor vechile at 11.5 per 100,000 for 2008 compared to 12.5 for 2007. Denominator from the Population Estimates - 2008.

Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2007 Field Note:

Data for 2007 reflects an decline in unintentional deaths involving a motor vechile for those aged 15 - 24. The rate per 100,000 is 12.5 in 2007 compared to 14.4 for 2006.

Denominator from the US Census Estimate.

HEALTH STATUS INDICATOR MEASURE # 04A							
The rate per 100,000 of all nonfatal injuries among children aged 14 y	ears and younger.						
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	r 138.7	117.4	131.9	146.3	146.3		
Numerator	277	227	255	272	272		
Denominator	r 199,674	193,393	193,393	185,916	185,916		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?	i : :			Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2009 Field Note:

The provisional rate of all nonfatal injuries remained the same in 2009 at 146.3 per 100,000.

Denominator reflects children aged 0 -14 and denominator from Population Estimates: 2008.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2008 Field Note:

The rate of all nonfatal injuries increased from 131.9 per 100,000 in 2007 to 146.3 in 2008.

Denominator reflects children aged 0 -14 and denominator from Population Estimates: 2008.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2007 Field Note:

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The rate of all nonfatal injuries increased from 117.4 per 100,000 in 2006 to 131.9 in 2007.

HEALTH STATUS INDICATOR MEASURE # 04B							
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	among children age	ed 14 years and youn	ger.				
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	19.5	7.8	8.3	8.6	7.5		
Numerator	39	15	16	16	14		
Denominator	199,674	193,393	193,393	185,916	185,916		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)							
Is the Data Provisional or Final?				Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2009 Field Note:

The rate of nonfatal injuries due to motor vehicle crashes declined to 7.5 per 100,000 for 2009 compared to 8.6 per 100,000 for 2008.

Denominator for Population Estimates for 2008 and reflect children aged 0 -14.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2008 Field Note:

The rate of nonfatal injuries due to motor vehicle crashes increased slightly to 8.6 for 2008.

Denominator for Population Estimates for 2008 and reflect children aged 0 -14.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2007 Field Note:

Data reflect children aged 0 -14 and denominator from US Census Estimate.

 $The \ rate \ of \ nonfatal \ injuries \ due \ to \ motor \ vehicle \ crashes \ increased \ from \ 7.8 \ per \ 100,000 \ in \ 2006 \ to \ 8.3 \ in \ 2007.$

HEALTH STATUS INDICATOR MEASURE # 04C							
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	s among youth aged	15 through 24 years.					
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	53.6	75.6	61.8	56.6	61.7		
Numerator	85	121	99	89	97		
Denominator	158,534	160,131	160,131	157,126	157,126		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2009 Field Note:

The rate of nonfatal injuries due to motor vehicle crashes increased from 56.6 per 100,000 in 2008 to 61.7 per 100,000 in 2009. Data reflect youth aged 15-24 and denominator from Population Estimates - 2008.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2008 Field Note:

The rate of nonfatal injuries due to motor vehicle crashes decreased from 61.8 per 100,000 in 2007 to 56.6 per 100,000 in 2008. Data reflect youth aged 15-24 and denominator from Population Estimates - 2008.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2007 Field Note:

Data reflect youth aged 15-24 and denominator from US Census Estimate.

The rate of nonfatal injuries due to motor vehicle crashes decreased from 75.6 per 100,000 in 2006 to 61.8 in 2007.

HEALTH STATUS INDICATOR MEASURE # 05A								
The rate per 1,000 women aged 15 through 19 years with a reported	case of chlamydia.							
	Annual Indicator Data							
	2005	2006	2007	2008	2009			
Annual Indicator	23.2	20.0	20.5	22.3	24.4			
Numerator	873	809	829	881	962			
Denominator	37,676	40,481	40,481	39,428	39,428			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional			

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A **Row Name:** Column Name: Year: 2009 Field Note:

Although there was a small increase in the annual indicator from 2006 through 2009, this measure has been relatively stable over the four year period from 2006 through

Denominator from the Population Estimates.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2008 Field Note:

Although there was a small decrease in the annual indicator from 2006 through 2008 when compared to 2004 to 2005, this measure has been relatively stable over the five year period from 2004 through 2008.

Denominator from the US Census Estimates.

Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A Row Name: Column Name: Year: 2007 Field Note:

Although there was a small decrease in the annual indicator from 2006 through 2008 when compared to 2004 to 2005, this measure has been relatively stable over the five

year period from 2004 through 2008.

Denominator from the US Census Estimates

HEALTH STATUS INDICATOR MEASURE # 05B					
The rate per 1,000 women aged 20 through 44 years with a reported	case of chlamydia.				
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	7.9	7.1	7.5	8.2	8.9
Numerator	1,459	1,319	1,394	1,468	1,590
Denominator	183,863	186,155	186,155	178,493	178,493
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form20_Health Status Indicator #05B Field Name: HSI05B

Field Name: HSI Row Name: Column Name: Year: 2009 Field Note:

The rate of Chlamydia for women aged 20 -44 increased from 7.1 per 1,000 in 2006 to 8.9 per 1,000 in 2009.

Denominator from the PopulationEstimates.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2008 Field Note:

Denominator from the US Census Estimates.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B Row Name: Column Name: Year: 2007 Field Note:

Denominator from the US Census Estimates.

FORM 21 **HEALTH STATUS INDICATORS DEMOGRAPHIC DATA**

STATE: RI

HSI #06A - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12,127	9,726	1,185	147	450	25	594	0
Children 1 through 4	48,612	39,177	4,643	693	1,712	75	2,312	0
Children 5 through 9	61,144	50,572	5,300	695	2,155	106	2,316	0
Children 10 through 14	65,004	55,088	5,440	541	1,981	112	1,842	0
Children 15 through 19	79,740	67,558	6,730	735	2,700	150	1,867	0
Children 20 through 24	74,285	63,285	6,024	563	2,705	152	1,556	0
Children 0 through 24	340,912	285,406	29,322	3,374	11,703	620	10,487	0

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	9,220	2,907	0
Children 1 through 4	37,848	10,764	0
Children 5 through 9	49,102	12,042	0
Children 10 through 14	53,466	11,538	0
Children 15 through 19	67,567	12,173	0
Children 20 through 24	63,795	10,490	0
Children 0 through 24	280,998	59,914	0

HSI #07A - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian Native Hawaiian or Other Pacific Islander		More than one race reported	Other and Unknown
Women < 15	9	1	0	0	0	0	1	7
Women 15 through 17	366	127	31	5	15	0	29	159
Women 18 through 19	685	322	60	8	17	0	45	233
Women 20 through 34	8,399	5,300	576	45	422	1	313	1,742
Women 35 or older	1,957	1,440	109	3	90	0	63	252
Women of all ages	11,416	7,190	776	61	544	1	451	2,393

HSI #07B - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	6	2
Women 15 through 17	177	173	16
Women 18 through 19	404	257	24
Women 20 through 34	6,302	1,818	279
Women 35 or older	1,611	246	100
Women of all ages	8,495	2,500	421

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)
For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	67	40	12	0	5	0	0	10
Children 1 through 4	5	5	0	0	0	0	0	0
Children 5 through 9	8	5	1	0	2	0	0	0
Children 10 through 14	10	8	2	0	0	0	0	0
Children 15 through 19	28	19	1	0	0	0	0	8
Children 20 through 24	47	36	3	0	1	0	0	7
Children 0 through 24	165	113	19	0	8	0	0	25

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	54	9	4	
Children 1 through 4	5	0	0	
Children 5 through 9	4	4	0	
Children 10 through 14	9	1	0	
Children 15 through 19	19	9	0	
Children 20 through 24	40	7	0	
Children 0 through 24	131	30	4	

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	266,627	222,121	23,298	2,811	8,998	468	8,931	0	2008
Percent in household headed by single parent	34.0	24.0	35.0	48.0	32.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	5.4	27.8	12.5	0.3	1.4	0.0	0.0	58.0	2009
Number enrolled in Medicaid	89,746	34,522	11,667	359	1,346	0	0	41,852	2009
Number enrolled in SCHIP	13,015	4,309	718	49	215	0	0	7,724	2009
Number living in foster home care	1,910	1,215	348	19	40	0	176	112	2009
Number enrolled in food stamp program	53,220	19,820	7,284	189	754	0	0	25,173	2009
Number enrolled in WIC	23,173	15,801	3,834	131	704	472	2,231	0	2009
Rate (per 100,000) of juvenile crime arrests	4,307.0	2,946.0	13,977.0	0.0	3,103.0	0.0	0.0	8,545.0	2009
Percentage of high school drop- outs (grade 9 through 12)	14.0	11.0	18.0	12.0	17.0	0.0	0.0	0.0	2009

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	217,203	49,424	0	2008
Percent in household headed by single parent	25.0	50.0	25.0	2008
Percent in TANF (Grant) families	25.4	16.6	58.0	2009
Number enrolled in Medicaid	32,308	15,616	41,822	2009
Number enrolled in SCHIP	0	2,633	10,382	2009
Number living in foster home care	1,358	474	78	2009
Number enrolled in food stamp program	16,426	11,621	25,173	2009
Number enrolled in WIC	15,214	10,190	0	2009
Rate (per 100,000) of juvenile crime arrests	4,041.0	4,184.0	5,572.0	2009
Percentage of high school drop-outs (grade 9 through 12)	19.0	23.0	0.0	2009

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics)						
Reporting Year: 2009 Is this data from a State Projection? No Is this data final or	provisional? Provisional					

GEOGRAPHIC LIVING AREAS	TOTAL	
Living in metropolitan areas	251,642	
Living in urban areas	266,372	
Living in rural areas	0	
Living in frontier areas	0	
Total - all children 0 through 19	266,372	

Note: The Total will be determined by adding reported numbers for urban, rural and frontier areas.

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL	
Total Population	1,045,968.0	
Percent Below: 50% of poverty	4.5	
100% of poverty	10.9	
200% of poverty	26.6	

HSI #12 - Demographics (Poverty Levels) Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL	
Children 0 through 19 years old	266,372.0	
Percent Below: 50% of poverty		
100% of poverty	16.7	
200% of poverty	35.2	

FORM NOTES FOR FORM 21

2009: Data for HSI #06 comes from the 2008 US Census Bureau, Resident Estimates.

HSI #09A & HSI #09B: Data source for most of these data is the Department of Human Services [DHS]. In addition, these data were reported in 2010 Rhode Island Kids Count Factbook. The data provided reflects various ages groups and total children enrolled as of 12/31/2009 or 12/31/2008. The data reports a point in time and not calendar year.

Race and ethnicity are estimates only. Currently, race and ethnicity are not required fields for eligibility and many programs have 50% or higher unknowns in these fields. With such a large percent of race and ethnicity missing, the estimated breakdown of race and ethnicity are not considered reliable.

HSI #07 \ HSI #08 Birth and Death data are provisional and reflect resident events.

HSI #10 data are estimated using CPS three year average.

HSI #11 & # 12: Data from Current Population Survey, three year average, 2007-2009.

FIELD LEVEL NOTES

Section Number: Form21_Indicator 09A
 Field Name: HSIRace_Children
 Row Name: All children 0 through 19

Column Name: Year: 2011 Field Note:

Data from US Census, Resident Population Estimates: 2008

 Section Number: Form21_Indicator 09A Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name: Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook & DHS.

Reflects families with children aged 0 thru 17.

Section Number: Form21_Indicator 09A
 Field Name: HSIRace_TANFPercent
 Row Name: Percent in TANF (Grant) families
 Column Name:

Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook.

Table: 'RI Works' and reflects families with children aged 0 thru 18.

Race and Hispanic orgin are estimates only.

Section Number: Form21_Indicator 09A
 Field Name: HSIRace_MedicaidNo
 Row Name: Number enrolled in Medicaid

Column Name: Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook & DHS. Table: 'Children's Health Insurance' for children under the age of 19.

Race and Hispanic orgin are estimates only.

 Section Number: Form21_Indicator 09A Field Name: HSIRace_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2011 Field Note:

Data source: Department of Human Services

CHIP for children aged 0-8.

Race and Hispanic orgin are estimates only.

Section Number: Form21_Indicator 09A
 Field Name: HSIRace FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook & DHS.

Table: 'Children Receiving SNAP Benefits' for children under the age of 18.

Race and Hispanic orgin are estimates only.

C. Section Number: Form21_Indicator 09A Field Name: HSIRace_WICNo Row Name: Number enrolled in WIC

Column Name: Year: 2011 Field Note:

Data source: Women, Infants and Children [WIC Program].

For children and women aged 0 thru 19.

8. Section Number: Form21_Indicator 09A Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook.

Table: 'Juveniles Referred to Family Court'.

Race and Hispanic orgin are estimates only and 2000 Census was used for the denominator.

Section Number: Form21_Indicator 09A Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2011 Field Note:

Data source: 2010 Rhode Island Kids Count Factbook.

Table: 'High School Graduation Rate.'
Race and Hispanic orgin are estimates only.

10. Section Number: Form21_Indicator 09B **Field Name:** HSIEthnicity_Children Row Name: All children 0 through 19

Column Name: Year: 2011 Field Note:

Data from US Census, Resident Population Estimates: 2008

Ethnicity break down by programs are estimated.

Section Number: Form21_Indicator 10
 Field Name: Metropolitan
 Row Name: Living in metropolitan areas

Column Name: Year: 2011 Field Note:

HSI #10 data are estimated.

12. Section Number: Form21_Indicator 09A Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name: Year: 2011 Field Note:

Data source: Department for Children, Youth and Families

For children aged 0-19.

FORM 11 TRACKING PERFORMANCE MEASURES [SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: RI

Form Level Notes for Form 11

Field Level Notes

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASS	ESSMENT CYCLE 2	2011-2015					
Percent of RI resident families with at risk newborns that recieve a ho	me visit during the ne	ewborn period (<=90	days)				
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>Annual</u>	Objective and Perfori	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator					No. 1. Accessor		
Numerator		er preliminary objecti this is not required u	ves for State Performa ntil next vear.	nce Measures for the	Needs Assessment		
Denominator							

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASS	ESSMENT CYC	CLE 2011-2015			
Percent of middle school students who have initiated tobacco use.					
		<u>Anr</u>	nual Objective and P	erformance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		_			
Annual Indicator		<u> </u>			
Numerator		<u> </u>			
Denominator		_			
Data Source					
Is the Data Provisional or Final?					
		Anr	nual Objective and P	erformance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator			to the contract of		for the Nicola Account
Numerator		enter preliminary of 015, this is not requi		Tormance Measures	for the Needs Assessment
Denominator		,	.,		

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of adolescents who receive an annual preventive care visit.							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
				_			
			bjective and Perforn				
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator		ar preliminary objectiv	es for State Performa	nce Measures for the	Needs Assessment		
Numerator	Period 2011-2015,	this is not required un		nice inleasures for the	Needs Assessment		
Denominator							

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of high school students with special needs who report feeling sad or hopeless							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		_					
Annual Indicator							
Numerator		_					
Denominator		_	<u> </u>				
Data Source							
Is the Data Provisional or Final?							
		<u>Anı</u>	nual Objective and P	erformance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective		_					
Annual Indicator							
Numerator		enter preliminary ol 15, this is not requi		formance Measures	for the Needs Assessment		
Denominator		10, tillo lo flot requi	rod diffil float year.				

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of women who have a preventive care visit in the past year							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator		_		_			
Numerator		_		_			
Denominator		_		_			
Data Source							
Is the Data Provisional or Final?							
			nual Objective and P				
	2010	2011	2012	2013	2014		
Annual Performance Objective		_					
Annual Indicator	While you may a	enter preliminary o	hiectives for State Per	formance Measures t	for the Needs Assessment		
			ired until next year.	ionnance weasures i	or the recess resessment		
Denominator							

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of pregnant women delivering babies served by home visiting.							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Ans	nual Objective and F	Jorformanoa Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective		2011	2012	2010	2014		
·							
Annual Indicator Numerator	While you may	y enter preliminary ol	jectives for State Pe	formance Measures	for the Needs Assessment		
Denominator	Period 2011-2	015, this is not requi	red until next year.				

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015 Number of parents with children in early childhood that enroll in parenting education/support programs.						
Number of parents with children in early childrood that emoil in parent	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective						
Annual Indicator						
Numerator						
Denominator						
Data Source						
Is the Data Provisional or Final?						
		<u>Annual</u>	Objective and Perfor	mance Data		
	2010	2011	2012	2013	2014	
Annual Performance Objective						
Annual Indicator		r proliminary object	tives for State Performs	anco Mossuros for tho	Noode Assessment	
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.					
Denominator		·				

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of RI adolescents who report food insecurity.							
	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		<u>Annua</u>	l Objective and Perfo	mance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator	While you may an	tor proliminary object	tives for State Perform	anaa Maasuraa far tha	Nooda Assassment		
	Period 2011-2015	, this is not required	until next year.	ance measures for the	Neeus Assessment		
Denominator							

STATE PERFORMANCE MEASURE # 9 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015							
Percent of Rhode Island high school students who earn a high school diploma or diploma equivalent in the six core cities.							
	2025		Objective and Perform				
	2005	2006	2007	2008	2009		
Annual Performance Objective							
Annual Indicator							
Numerator							
Denominator							
Data Source							
Is the Data Provisional or Final?							
		Annual C	bjective and Perforr	nance Data			
	2010	2011	2012	2013	2014		
Annual Performance Objective							
Annual Indicator			f Ctata Danfa	M	Nanda Assassas		
Numerator	Period 2011-2015, t	this is not required ur	res for State Performa ntil next year.	nce measures for the	Needs Assessment		
Denominator		•					

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: RI

Form Level Notes for Form 12

Data for 2008 have been updated and 2009 data are provisional. All outcome measures reflect Rhode Island resident data. Mother's race is used for infant mortality rates by race. If mother's race is unknown then Infant's race listed on the death file is used. Data Source for the Outcome Measures are Vital Records Birth, Death and Fetal Death Files.

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: RI

SP(New for Needs Assessment cycle 2011-2015) #_____1

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PERFORMANCE MEASURE: Percent of RI resident families with at risk newborns that recieve a home visit during the newborn period (<=90 days)

STATUS: Activ

GOAL All families will have access to evidence based parent education and support programs.

DEFINITION Parent education and family support programs are expanded in communities of high need.

lumerator

Number of RI resident families with at-risk newborns that receive a home visit within the newborn period(< =90 days)

Denominator:

Number of resident births
Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE 16-1h Reduce deaths from sudden infant death syndrome.

DATA SOURCES AND DATA ISSUES

There is currently no statewdie datareceptacle to capture this information. It will need to be gathered by program staff.

SIGNIFICANCE

This measure is the former State Performance Measure 3 revised to reflect the expanded home visiting efforts in Rhode Island. There are gaps in services for families with young children to provide parent education and family support. These

are needed to improve outcomes.

PERFORMANCE MEASURE: Percent of middle school students who have initiated tobacco use.

STATUS:

GOAL Prevent initiation of tobacco use among young people

DEFINITION The number of middle school students that ever tried smoking

number of middle school students who answered "yes" to ever tried smoking in the middle school YRBS.

Denominator:

number of students participating in the middle school YRBS

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Reduce cigarette smoking by adolescents

2009 Middle School Youth Risk Behavior Survey Data issue: percentage of MS students who ever tried smoking is weighted **DATA SOURCES AND DATA ISSUES**

due to missing data. Total N=3,600; n who responded to this item = 3,354

The tobacco industry is losing its customer base as adults quit smoking and/or die of smoking related illnesses. To ensure a **SIGNIFICANCE** steady stream of tobacco users, tobacco companies target young people with very seductive marketing campaigns. Prevention of youth intiation will ensure fewer youth will become addicted to tobacco into adulthood.

PERFORMANCE MEASURE:

STATUS: Active

GOAL All adolescents enrolled in a health plan will receive an annual preventive care visit.

The number of insured adolescents who have a yearly preventive "well care" visit.

The number of adolescents receiving a well child visit among Medicaid and private major health plan insurers in Rhode Island.

Denominator:

The number of adolescents enrolled in major health plan insurers in Rhode Island

Units: 100 Text: Percent

1-4: Increase the proportion of persons who have a specific source of ongoing care. (NHIS/CDC/NCHS) **HEALTHY PEOPLE 2010 OBJECTIVE**

1-5: Increase the proportion of persons with a usual primary care provider. (MEPS/AHRQ)

HEDIS Data Rhode Island has a low rate of uninsured children including adolescents. This measure includes only adolescents enrolled in health plans however, children who are not insured most likely do not receive preventive care.

Health plans in Rhode Island report HEDIS measures including adolescent well care visits for their enrolled populations. Even though, only 7% of Rhode Island's children under age 18 were uninsured between the time period of 2006-2008, approximately 40% of adolescents did not receive a well care visit in the previous year as per the HEDIS measure. There was no difference between private and public health insurance plans in terms of adolescent well care visit. The HEDIS national benchmark measure for adolescent well care visits is under 60% which may explain why the health care utilization for adolescent well care is not better. Health insurance can provide access to care yet it does not guarantee that adolescents will utilize the care. Provider practices (eg adolescent friendly, wellness promotion/risk reduction versus traditional visit), health plan incentives (eg do enrolled members use the services), youth and parent engagement strategies (support for visit, and how it aligns with adolescent developmental needs) as well as policies (such as required physical for high school, more rigorous HEDIS measure) to increase the number of adolescents receiving well child visits needs to be considered to develop supportive systems of care for adolescents.

Percent of adolescents who receive an annual preventive care visit.

DATA SOURCES AND DATA ISSUES

DEFINITION

SIGNIFICANCE

PERFORMANCE MEASURE:

Percent of high school students with special needs who report feeling sad or hopeless

STATUS:

Active

GOAL

Decrease the percentage of high school students with special needs who report feeling sad or hopeless.

DEFINITION

High school students with disabilities who report feelings of sadness / hopeless as reported on the Youth Behavior Risk Survey administered to Rhode Island's youth.

Numerator:

4

Youth who self-report they have a disability by answering "yes" to at least one of the following: (1) Do you have any physical disabilities or long-term health problems? (2) Do you have any long-term emotional problems or learning disabilities? AND youth who answer "yes" to the following question: Have you felt sad or hopeless everyday for two weeks / stopped some usual activities in the past 12 months?

Denominator:

Youth who answer "yes" to the following question: Have you felt sad or hopeless everyday for two weeks / stopped some usual activities in the past 12 months?

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparit Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. Improve the health and well-being of women, infants, children, and families. Improve mental health and ensure access to appropriate, quality mental health services

DATA SOURCES AND DATA ISSUES

Youth Behavior Risk Survey (YRBS) is an anonymous and voluntary survey among random samples of high school students in over 60 states and municipalities. The Centers for Disease Control and Prevention developed the YRBS to monitor risk behaviors related to the major causes of mortality, disease, injury, and social problems among youth and adults in the United States. In Rhode Island, the YRBS is administered annually to public high school students (grades 9th to

SIGNIFICANCE

The behavior risk status of RI's youth with special needs is of great importance to state and local policy leaders from health, education, human services and juvenile justice. YRBS data indicate that students with disabilities are more likely to start earlier and currently smoke cigarettes, drink alcohol, and use marijuana; more likely to be threatened, physically fight, be forced to have sex, and not go to school due to feeling unsafe; more likely to be overweight and get insufficient physical activity. Further, students with disabilities are more likely to report feelings of hopelessness and to consider and attempt suicide than their non-disabled peers. Although all students in RI participate in risky behaviors, the data indicate that students with disabilities participate in these behaviors earlier, more consistently, and to a more dangerous level than their peers. The Office of Special Health Care Needs in the Health Disparities and Access to Care Team leads the charge in highlighting the risk behaviors of students with disabilities and systematically addressing them through increasing the following: well-integrated academic intervention; positive social and recreational activities; programs that support self-determination and student leadership; interventions that address behavioral health concerns.

SP(New for Needs Assessment cycle 2011-2015) # 5 PERFORMANCE MEASURE: Percent of women who have a preventive care visit in the past year STATUS: Active GOAL Increase the proportion of women in RI who experience a preventive care visit during the previous 12 month period Increase the percentage of RI women 18+ years old, enrolled in private or Medicaid plans, who report visiting a doctor for a **DEFINITION** routine checkup any time less than 12 months ago RI women ages 18+, enrolled in private or Medicaid health plans, who report visiting a doctor for a routine checkup any time less than 12 months ago Denominator: RI women ages 18+ enrolled in private or Medicaid health plans. Units: 100 Text: Percent **HEALTHY PEOPLE 2010 OBJECTIVE** 1-4: Increase the proportion of persons who have a specific source of ongoing care. (NHIS/CDC/NCHS)

1-5: Increase the proportion of persons with a usual primary care provider. (MEPS/AHRQ) 1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, uncontrolled diabetes, and immunization-preventable

pneumonia and influenza. (HCUP/AHRQ)

DATA SOURCES AND DATA ISSUES

BRFSS annual statewide survey

SIGNIFICANCE

This is expected to improve health outcomes by improving the focus on prevention, reducing the likelihood of developing a chronic disease, and increasing utilization of primary care as women establish a relationship with a primary care provider. This may also reduce health care costs by reducing utilization of the emergency department for preventable conditions.

6 PERFORMANCE MEASURE: Percent of pregnant women delivering babies served by home visiting.

STATUS: Active

GOAL Improve birth outcomes. Implement evidence based prenatal home visiting for 50 families, increasing by 10% each year.

DEFINITION Home visiting for pregnant women is an available and accessible service.

Numerator:Number of pregnant women delivering babies served by home visiting programs.

Denominator:

Number of eligible pregnant women who delivered babies.

Units: 100 Text: Percent

Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women **HEALTHY PEOPLE 2010 OBJECTIVE**

16-7 Increase the proportion of women who attend a series of prepared childbirth classes

DATA SOURCES AND DATA ISSUES KIDSNET Data

SIGNIFICANCE Rhode Island has high rates of prematurity and low birth weight rates, as well as, high rates of infant mortality in

participating core cities. Rhode Island has limited home visiting capacity to serve pregnant women using an evidence based model.

PERFORMANCE MEASURE: Number of parents with children in early childhood that enroll in parenting education/support programs.

STATUS: Active

GOAL Evidence based programs that have been demonstrated to improve outcomes are implemented.

DEFINITION Rhode Island is moving in the direction of directing resources toward programs which have proven positive outcomes.

Numerator: Number of parents enrolled in parent programs related to early childhood.

Denominator:

Number of parents within the eligible population

Units: 100 Text: Percent

162 a and b Reductions in deaths of children **HEALTHY PEOPLE 2010 OBJECTIVE**

16-3 Reduce deaths of adolescents and young adults.

DATA SOURCES AND DATA ISSUES State Program Data-Early Childhood Programs

SIGNIFICANCE More evidence based programs that demonstrate outcomes are needed to ensure that resources are allocated to programs

that improve outcomes.

PERFORMANCE MEASURE: Percent of RI adolescents who report food insecurity.

STATUS: Active

GOAL Increase food security in Rhode Island households.

Food insecurity means that poeple do not have access at all times to enough food for an acitve healhtly lifestyle. Food **DEFINITION**

insecurity is a proxy measure for poverty and is a measure of the social determinants of health.

Number of students who answered rarely, somtimes, most of the time or always to going hungry over the past 30 days

because they did not have enough food in the home.

Denominator:

Number of students participating in the high school YRBS who answered the question

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE 19-18 Eliminate very low food security among children in U.S. households.

HP 2010 - "The determinants of health—individual biology and behavior, physical and social environments, policies and interventions, and access to quality health care—have a profound effect on the health of individuals, communities, and the

Nation. An evaluation of these determinants is an important part of developing any strategy to improve health.

Our understanding of these determinants and how they relate to one another, coupled with our understanding of how individual and community health affects the health of the Nation, is perhaps the most important key to achieving our Healthy

People 2010 goals of increasing the quality and years of life and of eliminating the Nation's health disparities.'

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

RI Youth Risk Behavior Survey 2011

1)Income is also a social determinant of health status. McDonough et al. used data from the Panel Study of Income Dynamics for the years 1968 to 1989; they used fourteen ten-year panels to analyze predictors during the first five years and vital indicators during the second five years of each panel. Logistic regression was used to analyze the pooled panels.

They found that "Income level was a strong predictor of mortality, especially for persons under the age of 65" and they concluded that "income and income stability should be addressed in population health policy" (McDonough et al., 1997, p.

PERFORMANCE MEASURE:

Percent of Rhode Island high school students who earn a high school diploma or diploma equivalent in the six core cities.

STATUS:

Active

GOAL

Address social determinants of health within public health programs.

DEFINITION

High School Graduation rate is the percentage of students who graduate from high school within four years of entering including attainment of GED, calculated by dividing the number of students who graduate in four years or fewer by the total number of students in the cohort (the cohort is the number of first-time entering ninth graders adjusted for transfers in and transfers out during the four years.

Numerator:

Number of students who earn a high school diploma or high school diploma equivalent in Rhode Island's core cities.

Denominator:

Number of enrolled students in the previous school year.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7-1 Increase high school completion

HP 2010 "The determinants of health—individual biology and behavior, physical and social environments, policies and interventions, and access to quality health care—have a profound effect on the health of individuals, communities, and the Nation. An evaluation of these determinants is an important part of developing any strategy to improve health. Our understanding of these determinants and how they relate to one another, coupled with our understanding of how individual and

community health affects the health of the Nation, is perhaps the most important key to achieving our Healthy People 2010 goals of increasing the quality and years of life and of eliminating the Nation's health disparities." Also, Federal Office of Minority Health has included increasing high school graduation rates as one of the tasks of the National Partnership for Action to eliminate health disparities.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

RI Department of Education InfoWorks Data

Grossman and Kaestner cite a number of studies (Auster et al., 1969; Grossman, 1972; Grossman, 1975; Grossman & Benham, 1974; Silver, 1972) that suggest, "years of formal schooling completed is the most important correlate of good health" (Grossman & Kaestner, 1997, p. 73). Their examples show schooling to be a more important determinant of health than income or occupation, and this holds true when controlling for the reverse causality occurring when poor health leads to poverty.